State's Exhibit "1"

Medical record pages of Patient #1 and Patient #3 referenced during the Hearing



Core Client Information

next visit date 11/10/16

est. due date 11/30/15

marital status Married

pre-preg wî 214

Codeina

wi qain CHE MY 235 21

BM] blood type 3B 0+

expecting A Boy

GTPAL 2/1/0/0/1 para 1

VBAC Yes

medications last normal period Zantac, Zyriec drug and other allergies

latex allergies Νo

Endometriosis, Chicken Pox, Ovarian cysts

plaielets HGB 286x 103/µL 10.2g/dL

mean cell hemoglobin ...

rubella antibody HCT Equivocal 35.0%

vitamin d 25 oh 10 ng/mL

White blood call 13.3 10e9/L

absolute immatur...

0.12 10e9/L

9.41 10e9/L

red cell distribution width

3.93 10e12/L

zìp

73112

1/27/16

red cell distribution width-sd 51.8 fL

hemoglobin 10.2 g/dL

absolute neutrophil count

15.9 % red blood cell 29.1 g/dL

newborn DOB

EGA by EDD at birth

36.5 11/7/16, 6:19 AM

Basic Information

language English

acie gender

34 Female

city of birth Midwest City

state of birth Oklahoma

country of birth United States of America

marital status Married

race/ethnicity White

occupation Realtor

employer Self Employed

religion Episcopal

county

Oldahoma

highest education **BA/BS** Degree

living will No

organ donor Yes

your primary phone

state/province country United States of America Okiahoma

mobile

Oklahoma City secondary phone

other

lives within city limits Yes

do not contact details Nο

s my health info

Financial Information

payment type

do you receive WIC? No

Self Pay

Current Pregnancy

are you pregnant?

Yes

last normal period 1/27/16

accuracy of date +/- 1 month

ultrasound 1 edd 11/30/16

edd based on Ultrasound 1 est, due date 11/30/16

pre-preg wt 214

expecting A Boy

Yes

GTPAL

VBAC

2/1/0/0/1 para 1 Yes

Father of Baby (FOB)

address same as above

stale of birth

Oklahoma

country of birth United States of America

Past Pregnancies

1st Pregnancy

Fetuses:

Single

1st Fetus: live birth delivered on 7/27/16 at 41.3 weeks pregnant

gestational age birth weight

total length of labor 36hours

induced

place of delivery Hospital

location of delivery OU Edmond

41wks 3days delivery type

10lbs 15oz cesarean reason

anesthesia

No

child still living?

Cesarean

Ftp, cpd

Spinal

gender Male

Yes

Printed on 4/9/18 Record # PRIVATE & CONFIDENTIAL - Page 1

Your Mother's History

complications pregnancies

live births

your birth weight

months you were breastfed

Delivered 3 weeks past due date

13lbs 11oz

4month's

Your Health

cur wt wt gain 235 21

height BMI blood type

5ft 3in 38 0+

medical conditions

Chicken Pox - Active 1/1/87

anesthesia difficulty

blood transfusion other practitioners Νo

Nο

problems

Endometriosis, Chicken Pox, Ovarian cysts

medications or supplements?

drug allergies?

medications Zantac, Zyrtec

Yes

drug allergy:

Codeine 1/1/12

Νo

Allergic Reaction

food allergies?

drug and other allergies Codeine

latex allergies No

Low

typical stress level

source of stress Work

are you being abused?

Νo

history of abuse?

do you feel unsafe?

No '

Nο

Νo

Gynecologic History

age of 1st period periods/year

12

period freq. 28

period duration 3 - 4 Days

period flow Heavy

bleeding bet periods

irreg. periods

No

painful periods

Yes

details Endometriosis abnormal pap smear?

have you ever had a mammogram? Νo

have you ever had a breast exam?

Nο

1st intercourse age

of partners

are you currently monogamous?

do you have pain during intercourse?

have you ever had any of the following conditions?

Ovarian cysts - Active 1/1/97

1/1/95

Endometriosis - Active

Prenatal Visits

visit date	Wks I	Edema	Wt	BP	Pulse	FH	Fe	FHT	Protei	Int Exam	·Labs
	6.5	None	214	136/84	78	Below.	N/A	NA.	Neg / Neg	No.	Yes
	iomed by vn Karlin				risit duratio 15	on hea No		visual disturba No	ances dizzir No	ness	
fainting GI signs/s No No	mptoms	dysuri No	ia (S&S	S of UTI)	abnoma No	ıl vaginal d	ischarge	bleeding No	Back/hip/pubi No	c pain	
itchinėss leg cram No No	ps vario No	cose veir		•	re-E sign No	s/symptom	s Emoi Nom	tional/Mental : nal	status fatigu Yes	ie nause Yes	ea
vomiting fever of 1 No No	O1 or more	e othe . No	-	ontractions Ione		administer No	ed Rhogar	n perform Yes	ed urine test	ketones Neg	
nitrites leukocytes Neg Neg	color Light	clarity Clear	bloo Neg	•	had physio Yes	cal exam	HEENT Normal		extremities & sk Normal	in hear Non	_
abdominal & back Normal	neuro Normal	breasts Defen		_	enitourinar eferred	y commen	ts pap No	performed	labs ordered Yes		
lab ordered details Prenatal Panel	ultrasour Yes	nd ordere		ultrasound Will sched			unlimited	next week	meds/supplem No	ents	

PRIVATE & CONFIDENTIAL - Page 2

payment comments

next visit date 5/9/16, 2:30 PM

Patient # 1

····	g may g candidates agreegy to transport and advance of the greening of the greening of the candidates and the greening of the greening of the candidates and the greening of the greening of the candidates of the greening of
:	comments S: Saw today for new ob appt. Reports a little nausea and fatigue, otherwise has been feeling good. Denies vb or cramping. Desiring homebirth and seeking midwifery care.
:	O; see flowchart
:	A: 32yo G2P1001 w/IUP at 10w5d by uncertain LMP, scwd, hx c/s x1desiring visac P: Discussed midwifery care, diet and exercise for pregnancy and recommended weight gain, discussed monitoring
	carb intake due to size of last baby. Questions answered, consents emailed for review. New ob labs and vitamin d
	level today. Reviewed 1st trimester precautions. Will rtc 4wks or sooner Prn. Will call to schedule dating u/s.
	signed off by Dawn Karfin on 6/6/16, 2:16 PM
:. :	6/2/16, 3:11 PM
; [supervised by performed by assisted by visit type visit duration headaches visual disturbances Dawn Karlin Dawn Karlin Brandy Harris In Person - Office 45 No No
ì	dizziness fainting GI signs/symptoms dysuria (S&S of UTT) abnormal vaginal discharge bleeding No No No No No
	Back/hip/pubic pain itchiness leg cramps varicose veins injuries Pre-E signs/symptoms Emotional/Mental status No No No No No No Nomal
•	fatigue nausea vomiting lever of 101 or more other contractions FM
	No No No No None Maybe a week or two ago
	administered Rhogam performed urine test ketones nitrites leukocytes color darity blood No Yes Neg Neg Concentrated Cloudy Neg
771.44.2	ph had physical exam labs ordered ultrasound ordered meds/supplements next visit date 5 No No No No No 7/1/16, 9:00 AM
3	comments signed off by
Ś	S: Saw for 4wk HTO appt. Overall has been feeling good. Denies vb or cramping. Dawn Karlin on 6/6/16,
į	O: see flowchart 11:21 AM A: 32yo G2P1001 w/IUP at 14w1d by 1st trimester u/s, scwd, hx c/s x1desining vbac
	P: Reviewed 2nd trimester precautions. Questions answered. Will rtc 4wks or sooner Pm.
-	7/1/16, 9:23 AM 18.2 None 220 116/74 92 Cwd N/A 150 Trace / Neg No No
; ···	supervised by performed by visit type visit duration headaches visual disturbances dizziness Dawn Karlin Dawn Karlin In Person - Office 50 No No No
	fainting GI signs/symptoms dysuria (S&S of UTI) abnormal vaginal discharge bleeding Back/hip/pubic pain No No No No
3.50	itchiness leg cramps varicose veins injuries Pre-E signs/symptoms Emotional/Mental status fatigue . No N
1	fever of 101 or more other other comments
į į	No Yes accidentally hit her in the right eye orbit with the tv remote, had pain for 5days, feeling better now
į	contractions FM administered Rhogam performed urine test ketones nitrites leukocytes color
ĺ	None + No Yes Neg Neg Concentrated
	clarity blood ph had physical exam labs ordered ultrasound ordered meds/supplements next visit date Clear Neg 5 No No No No No 7/28/16, 10:30 AM
44.4	comments - signed off by
1	S: Saw today for 4wk RTO appt, Overall has been feeling good. Appetite has been low. Feeling some Dawn Karlin
Į.	stretching in lower abd. Denies vb or cramping. on 7/1/16, O: see flowchart 10:06 AM.
,	A: 32yo G2P1001 w/IUP at 18w2d by 1st trimester u/s, scwd, hx c/s x1desiring vbac
1	P: Reviewed 2nd trimester precautions. Questions answered. Will rtc 4wks or sooner Pm.
į	7/28/16, 10:56 AM 22.1 None 225 129/81 92 ; 24.5 N/A 150 +1/Neg No No
1	supervised by performed by assisted by visit type visit duration headaches visual disturbances Dawn Karlin Dawn Karlin Brandy Harris In Person - Office 35 No No
į	dizziness faintīng GI signs/symptoms dysuria (S&S of UTI) abnormal vaginal discharge bleeding
į	No No No No No
APPLICATION OF THE PARTY	



	•								
– fztīgue Yes	fever-of-101 No	or-more - other	contrac None	äons	FM ÷	administered Rhogam No	performed : Yes	rine test	ketones +1
niirites Neg	leukocytes Neg	color Concentrated	darity Clear	blood Neg	ph 5	had physical eхал No	labs ordered No	ulrasoun No	d ordered
meds/su No	ppiemenis	payment commen Will pay next vis		t visit da 4/16, 10		M			
O: see 1 A: 32yo P: Revidence leveline signed o	today vill scan and lowchart G2P1001 w ewed 2nd tri xt visit	email to me. Den	ies vb or 1st trime	crampi steru/s	ng. : sew	eitie has increased. H d, hx c/s x1 destring vb d. Will ric 4wks or soo	ac ,		

Prenatal Visits	J.C.						<u> </u>			
visit date	Wks Eder	na Wt	BP	Pulse	TH.	Fe	FHT	Protei	Int Exam	
8/24/16, 10:11 AM	26.0 Non	e 227;	126/81	96	. 29	N/A	131	Trace / Neg	No j	Yes
		assisted by Brandy Ha	visit ty mis In Pe	/pe rson - Of		t duration	headaches No	No	rbances	
visual disturbances co Needing to wear glas		dizziness No	fainting No	Gl signs No	/symptoms	dysurī No	a (S&S of UT			
abnormal vaginal disci No	harge ble No	_	ack/hip/pubi o	c pain	itchiness Yes					
itchiness comments PUPPS- encouraged	dandelion 2	capsules?	3x daily, Zy	rtec onc	e or twice			varicose veins No	injuries No	
Pre-E signs/symptoms No	s Emotion Normal	al/Mental s	tatus fat No	J			fever of 101 o No	r more othe No	er	
contractions FM None ++	administered No	Rhogam	performe Yes	d urine te	st keto Trad			•	ntrated	
clarity blood ph Clear Trace 5		ad physical lo		bs ordere es	ed lab o Othe	rdered deta er		rdered notes s, CBC, vitami	n d level	
ultrasound ordered No	, meds/suppl No	ements	payment en Yes	itered und	der billing?		risit date 16, 11:00 AM	4	-	
O: see flowchart A: 32yo G2P1001 w P: Reviewed 2nd tri itching. Will rtc 4wks signed off by Dawn Karlin on 8/2	u/JUP at 26w mester preca s or sooner p	od by 1st t autions. Qu om. 1hr gs.	rimester u/s uestions an , CBC, vitar	s, scwd, l swered. nin d lev	hx c/s x1c Recommo el today.	lesiring vb ended dan	ac delion and Z	_	PS	· No :
9/22/16; 10.58 AM			114/67			<u> </u>	144	· · · · · · ·		No :
,r 2 ,	formed by wn Karlin	assisted b Brandy H		type erson - (Office 4		No	Yes	uivances	
visual disturbances c Vision is a little wor	omments se, thinks gla	isses pres	eription has	s change	dizzina d No	No	Yes	s/symptoms	,	
GI comments A little regurgitation	if eats too ก	nuch at one		suria (S&S	S of UTI)	abnorma No	l vaginal discl	narge bleer No	dîng	
. Back/hīp/pubic pain No	itchiness No	leg cram No	ps varico No	se veins	injuries No	Pre-E s No	signs/symptor	ns Emotion Normal	al/Mental st	atus

Moments of Bliss Midwifery Services LLC

	fatigue Yes	nausea No	vomiting No	fever of 101 No	or more	other No	contraction None	s FM	acin No	ninistered	Rhog	am	;
:	periormet Yes	i urine test	ketones +1	nītrītes Neg	leukocytes Neg	colo Ligi	-	blood Neg	ph 6	s.g. 1.020	had g No	physical exam	
1	labs order No	ned ulita No	asound orde	red meds No	s/supplemen		zyment ente: es	ed under	وصااانط	,	ext visi D/17/1	ti date 6, 12:00 PNi	
	commen S; Saw O; see til	ā	ey for 4wk F	(TO appt. Pl	UPPS is do	ing beti	er, Zyrtec is	helping.	. Den	ies vb or		signed off by Dawn Kartin on 9/22/16, 11:28 AM	:
]	A: 32va (G2P1001	w/IUP at 30 rimester pre	wid by ist cautions. Q	trimester u uestions ar	/s, scwo nswered	l, hx c/s x1d l. Will rtc 2-	desiring v 3wks or s	bac soone	er pm.			

Prenatal Visits Visit date	P; Reviewed 3rd frime	ster precautions. Que	andris arist	Weled. Will	11L Z-3V	NS OL SOO	i iet biir			 -
10/17/16, 12-15 PM 33.5 None 235 119/61 102 34 LOA 136 Neg/Neg No No No supervised by performed by assisted by visit type visit duration headaches yearn (No No N	Prenatel Visits	· .								
supervised by performed by assisted by visit type visit duration headaches supervised by performed by assisted by visit type visit duration headaches comments visual disturbances dizziness fainting Gl signs/symptoms A few headaches, go away with rest No No No No No dysunia (S&S of UTI) abnormal vaginal discharge bleeding Back/hip/public pain litchiness No	visit date	Wks Edema Wt	BP	Pulse	FH	Fe	FHT	Protei	Int. Exam	Labs
Dawn Kartin Dawn Kartin Brandy Harris in Person - Office 50 Yes headache comments visual disturbances dizziness fainting GI signs/symptoms A few headaches, go away with rest No	10/17/16, 12:15 PM	33.5 None 235	119/81	102	34	LOA	136	Neg / Neg	No	No
A few headaches, go away with rest. No				~ .		duration	•			:
No N			disturbanc			_		oms		:
No No No No No No No Normal Yes No No fever of 101 or more other contractions FM administered Rhogam performed urine test ketones nitrites No No Occasional ++ No Yes Neg Neg Neg Neg Neg Neg Light Clear Neg 6.5 1.010 No	, , ,	-		-		pubic pain	-			i
No No Occasional ++ No Yes Neg					ental stab	-	•			
Neg Light Clear Neg 6.5 1.010 No No No No No neds/supplements payment entered under bitting? next visit date No Yes 11/10/16, 7:00 PM comments S: Saw lay for 3wk RTO appt. PUPPS is much better, not needing Zyrtec daily anymore. Denies vb or lof. O: see frowcnart A: 32yo G2P1001 w/IUP at 33w5d by 1st trimester w/s, scwd, hx c/s x1desiring vbac P: Reviewed 3rd trimester precautions, s/sx ptt, and daily fmc. Questions answered. Will f/u with home visit in 3wks or sooner pm. signed off by Dawn Karlin on 10/17/16, 12:50 PM 11/3/16, 7:05 PM 36.1 ROT 152 supervised by performed by visit type FM Dawn Karlin Dawn Karlin In Person - Home ++ comments Went by to check on t, she reports that after having a nap this aftermoon UC have spaced out, become irregular and mild like Braxton hicks, States that she is disappointed. I encouraged her that baby would come when he is ready and that this extra time helps his lungs have time to develop. Home visit scheduled for next Thursday. She will call with any questions or concerns or labor before then. signed off by Dawn Karlin on 11/6/16, 11:19 AM 11/5/16, 2:00 PM 36.3 None 118/80 88 ROA 148 No No supervised by performed by visit type visit duration FM EFW administered Rhogam					Rhogam		ned urine test			
No Yes 11/10/16, 7:00 PM comments S: Saw lay for 3wk RTO appt. PUPPS is much better, not needing Zyrtec daily anymore. Denies vb or lof. O: see frowcnart A: 32yo G2P1001 w/IUP at 33w5d by 1st trimester u/s, scwd, hx c/s x1desiring vbac P: Reviewed 3rd trimester precautions, s/sx ptl, and daily fmc. Questions answered. Will t/u with home visit in 3wks or sooner pm. signed off by Dawn Karlin on 10/17/16, 12:50 PM 11/3/16, 7:05 PM 36.1			_		ехат			nd ordered		
S: Saw lay for 3wk RTO appt. PUPPS is much better, not needing Zyrtec daily anymore. Denies vb or lof. O: see frowcnart A: 32yo G2P1001 w/IUP at 33w5d by 1st trimester u/s, scwd, hx c/s x1desiring vbac P: Reviewed 3rd trimester precautions, s/sx ptl, and daily fmc. Questions answered. Will f/u with home visit in 3wks or sooner prm. signed off by Dawn Karlin on 10/17/16, 12:50 PM 11/3/16, 7:05 PM 36.1			billing?			A				
supervised by performed by visit type FM Dawn Karlin Dawn Karlin In Person - Home ++ comments Went by to check on , she reports that after having a nap this afternoon UC have spaced out become irregular and mild like Braxton hicks. States that she is disappointed. I encouraged her that baby would come when he is ready and that this extra time helps his lungs have time to develop. Home visit scheduled for next Thursday. She will call with any questions or concerns or labor before then. signed off by Dawn Karlin on 11/6/16, 11:19 AM 11/5/16, 2:00 PM 36.3 None 118/80 88 ROA 148 No No No supervised by performed by visit type visit duration FM EFW administered Rhogam	S: Saw lay f O: see frowcnart A: 32yo G2P1001 w/l P: Reviewed 3rd trim or sooner pm. signed off by	IUP at 33w5d by 1st tr ester precautions, s/so	imester u/s	s. scwd. ba	c/sx1d	esiring vb	ac	•		-
Dawn Karlin Dawn Karlin In Person - Home ++ comments Went by to check on , she reports that after having a nap this aftermoon UC have spaced out become irregular and mild like Braxton hicks. States that she is disappointed. I encouraged her that baby would come when he is ready and that this extra time helps his lungs have time to develop. Home visit scheduled for next Thursday. She will call with any questions or concerns or labor before then. signed off by Dawn Karlin on 11/6/16, 11:19 AM 11/5/16, 2:00 PM 36.3 None 118/80 88 ROA 148 No No No supervised by performed by visit type visit duration FM EFW administered Rhogam	11/3/16, 7:05 PM	36.1	<u></u>			ROT	152		<u>]</u>	<u>, </u>
Went by to check on she reports that after having a nap this afternoon UC have spaced out become irregular and mild like Braxton hicks. States that she is disappointed. I encouraged her that baby would come when he is ready and that this extra time helps his lungs have time to develop. Home visit scheduled for next Thursday. She will call with any questions or concerns or labor before then. signed off by Dawn Karlin on 11/6/16, 11:19 AM 11/5/16, 2:00 PM 36.3 None 18/80 B8 ROA 148 No No No Supervised by performed by visit type visit duration FM EFW administered Rhogam				•	•					
supervised by performed by visit type visit duration FM EFW administered Rhogam	Went by to check on irregular and mild like he is ready and that She will call with any signed off by	e Braxton hicks, States this extra time helps h questions or concern	s that she it is lungs ha	is disappoi ave time to	inted. I e develop	ncourage	d her that baby	y would com	e when sday.	
supervised by performed by visit type visit duration FM EFW administered Rhogam	11/5/16, 2:00 PM	36,3 None	118/80	B8		ROA	148	L-,	No	No
Dawn Karlin Brandy Harris In Person - Home 30 ++ 9 No	supervised by perf		- Home	vîsît durati 30		_	administered No	Rhogam		
performed urine test had physical exam labs ordered ultrasound ordered meds/supplements No No No No No	1 .				sound or			ents		



comments

house after reports concerns of decreased fetal movements in the last 24 hours and irregular but Arrived at painful UC. Upon further questioning she states that she has been using the breast pump in the last 36 hours to encourage labor to pick up.

VSS no s/sx distress see flow chart. Declined VE.

Recommended continued rest, nourishment, hydration and normal daily activity along with miles circuits and pelvic rocks to encourage better fetal positioning. Requested she abstain from pumping and allow her body and her baby to set the pace.

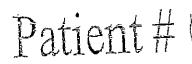
Confirmed scheduled home visit for Thursday and will call with further concerns or labor before then.

signed off by

Dawn Karfin on 11/6/16, 11:19 AM

Prenatal Visits	- \				· · · · · · · · · · · · · · · · · · ·	
visit date	Wks Edema Wt	BP Pulse	FH Fe	FHT	Protei Int. Exam	Lab:
. 11/6/15, 9:44 AM	36.4 Mild	104/75 105 ,	<u> </u>	143	2,50%	Nο
	ormed by visit type vn Karlin in Persor	visit durat ı - Home 50	1011 110000111	visual disturbano No	es dīzziness No	
fainting GI signs/sy No No	rmptoms dysuña (Sa No	kS of UTI) abnorm Yes	al vaginal discharge	VD comments Bloody muco	ous plug on Friday	
bleeding Back/hip/g No Yes	pubic pain itchiness No	leg cramps var No No	icose veins injurie No	s Pre-E signs/s No	symptoms	
Emotional/Mental stat Abnormal		il status comments aged, anxious, exha		ausea vomiting o No	fever of 101 or more No	2
other contractions No Frequent	temp FM EFW 97.3 ++ 9lb	administered Rhoga No	am performed urin No	e test fetal st -4	ation had physical ex No	(ZIII)
labs ordered ultras No No	sound ordered meds No		t visit date 10/16, 7:00 PM			
describes as mild to having virus with ter O: see flowchart, Vs A: 33yo G2P1001 w P: Reviewed 3rd trir gym at her request	mp of 100,5 yesterday ss, temp normal at 97, v/IUP at 36w4d by 1st mester precautions, s	I and discouraged. So revening. 3 trimester Ws, hx c/s (sx ptl, and daily fmo is at this time. Will f/r is-so-she-can rest. T	the also reports ove x1desiring vbac Questions answere with home visit on we-doses-taken-whi	rail feeling actry ed. Offered to tra Thursday or soo le Lambers fle	and possibly ansier care to Ob/ oner pm. wiswed_dosing_is_1	73147 23
After my visit, she n signed off by Dawn Karlin on 11/6	eports spirits are up a	nd she feels better.			, 0 4.0 10, 0.00p2	,

contact date	Wks	visit type		notes
11/7/16, 4-22 AM	36.5	Phone	Received call from	reporting water breaking initially clear, "coming out like a fauc
Mid signed off by		route to their ho		g initially clear, "coming out like a faucet" and then dark
Dawn Karlin on 11/				
Dawn Karlin on 11/	36.5	Phone	Receiving texts that t	nere is lots of brown poop. Recommended go to hospital and J



notes

Receiving texts that there is lots of brown poop. Recommended go to hospital and I will meet them there instead of at their home.

PS- screen shots of texts and call log uploaded into chart.

signed off by

Dawn Karlin on 11/9/16, 2:05 PM

signed off by Dawn Karlin on 8/25/16, 2:02 PM Lab Result report status lab is for lab title labs drawn date 26.0 GA Final results from RML for VIT D TOTL Mom 8/24/16 received by lab date results reported date collected date 3, Female 8/24/16, 8:39 PM 8/25/16, 12:08 AM 8/25/16, 1:32 AM lab ordered by vitamin D DAWN KARLIN group VIT D TOTL vitamin d 25 oh status range sietus site 30-100 Below low normal Vitamin D 25 OH 10 ng/mL 4142 S Mingo Rd, CP... Final ********* Notes Begin ********

*** Fluorescein dye has been shown to affert the Vitamin D
*** assay and results may be falsely elevated. Patients that
*** have had a procedure using this dye should be deferred 72
*** hours prior to blood samples drawn for this assay.
*** Test performed at RM. Tulsa Central Lab, Child 37D2031514
*** 4144 S. Mingo, Tulsa, ON 74146
******** Notes End ********

signed off by Dawn Karlin on 8/25/16, 2:13 PM Lab Result report status Wks lab is for lab title labs drawn date Final results from RML for GLUC 1 HR Mom 26.0 GA Final 8/24/16 results reported date received by lab date collected date. Female 8/25/16, 1:11 AM 8/24/16, 8:39 PM 8/25/16, 12:09 AM thr glucose tolerance lab order comments lab ordered by 131 DAWN KARLIN Did glucola group GLUC 1 HR range result test status 70-135 131 mg/dL Glucose 1 Hour 4142 S Mingo Rd. CP... Final *>=***** Notes Begin *=**=*** *** Interpretative data is available online at: www.rmlonline.com/inter *** Enter Test Number: 2012650

signed off by Dawn Karlin on 8/25/16, 2:03 PM: Lab Result report status

Wks lab is for lab title lahs drawn date 26.0 GA Final Final results from RML for CBC Mom 8/24/16

results reported date received by lab date collected date 8/25/16, 12:31 AM 8/25/16, 12:09 AM B/24/16, 8:39 PM

WBC platelets HGB lab ordered by 286x 10³/μL 13.3x 10³/μL 10,2g/dL 35.0% DAWN KARLIN

Female

Patient

Moments of Bliss Midwifery Services LLC

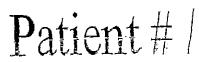
site 4142 S Mingo Rd. CP	'status =	test Absolute Monocyte Count	result 1.04 10e9/L	status Above high normal	1520-0.80
site	status	test	result	statius	range
4142 S Wiingo RdL CP	Final	Absolute Eosinophii Count	0.41 10e9/L	-	0.00-0.45
site	status	test	result	status	range
4142 S Mingo Rd. CP	Final	Absolute Basophil Count	0.11 10e9/L	-	0.00-0,20
site .	status	iest	result	status -	range
4142 S Minoo Bd. CP	Final	Absoluie immatu	0.06 10e9/L	-	0.00-0.10

Últrasound					d off by Dawn	Karlin on 11/3/15	5, 10:47 AM
ultrasound date 7/20/16	uttrasound title 2nd trimester	EGA (LNMP) 25w0d	EGA (AUA) 22w3d	EDC (LNMP) 11/2/16	11/20/15		
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Ultrasound				signe	d off by Dawn	Karlin	on 11/3/16, 10:48.AM	
ultrasound date 5/5/16	ultrasound title 1 st trimester	EGA (LNMP) 14w1d	EGA (AUA) 10w1d	EDC (LNMP) 11/2/16	EDC (AUA) 11/30/16	FHT 176	performed by Ultrasound unlimited	

added on	status	prescribed on	discoued on	medication name	dose amount	frequency
9/22/16	Active	9/22/16		Zyrtec		Daily
medication name Zyrtec		is OTC? Yes				
9/22/16	Active	9/22/16		Zantac	্ৰিক কিছিল	Daily
medication name Zantac		is OTC? Yes				

Problem List	<u>\</u>	<u>.</u>	· · ·			
record added on	problem name	status	onset date	resolved on	l	on of problem
4/11/16, 3:02.PM	Chicken Pox .	Active	: 1/1 <i>1</i> 87		1.5	
4/11/16, 3:02 PM	Endometriosis	Active	·· 1/1/95	*		
4/11/16, 3:02 PM	Ovarian cysts	Active	^ 1/1 <i>/</i> 97.			



added on	name of drug	Sizilis	i ons	ei date	resolved on	descripចិកា of	reaction
9/22/16	Codeine	Active	1/	/1/12		Allergic Re	action
Admissions	\					· -	···-
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11/3/16, B:42 AM	11/3/15, 8:42 AM	129/87	LOA	132	2-4, 45-50, N	Viid 2, 70%	: 11/3/16, 9:
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ocation Home							
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Objective Est Weight pulse 91b 101	Trap performed un		HT status ocels	fetal sta -2	tion	·	

Status Time	Labor Status	BP	Pulse	Tmp	Fe	FHT	Contraction Fr	Internal Exam	lnp
1/7/16, 10:23 AM	Delivered			1		a contract to the second	; }=		e
abor Status tim	e of birth (body)	baby ca	ught by	supa	ervised by	nuchal cord			
	77/16, 6:19 AM	Dr Bish	ор	Daw	m Karlin	Yes			
comments									
Repeat cesairean.	Breech presenta	tion with	nuchal o	25. bnox		•	•		
Vewborn resusciti	ated and taken to	nicu. The	en trans	ferred t	o OU med	fical center- ci	hildren's nicu for a	cooling cap and	
here was found to	o have minimal bi	rain activi	ty and r	nultiple	organ fail	ure. Taken off	life support and p	assed at	
midnight.									
signed off by									
Dawn Karlin on 1	1/9/16, 2:08 PM								

Newborn	Detelle
NEWDILL	1 121/3115

EGA by EDD at birth newborn DOB 36.5 11/7/16, 6:19 AM

Uitresound Unlimited, Inc. 2805 South Brysnt Edmond, Okie. 73013	Mailing Address 2712 Shady Tree Lane Edmond, Othe 73013
405-330-2225 www.uitrasoundentimited.com OB U	TIRASOUND
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Barbara Pennell RSMS	· · · · · · · · · · · · · · · · · · ·
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1:32 PM

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Oklahoma City, OK



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November 7, 2016

5:06 AM

Outgoing Call

4 minutes

Share Contact

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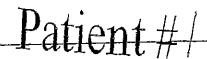
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Patient # 1

Ukrasenna Unimitad, 2805 South Bryan Edmond, Okla 73013	įrc.	Mailing Address: 2712 Shady Tree Lane Edmond, Okla. 73013
405-330-2225 www.ulfresoundumlimide	icom CB U	LTRASOUND S / /
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Moments of Bliss Midwifery Services LLC Dawn Karlin APRN-CNM 519 W Main St, Weatherford, OK 73096

Consent / Waiver for Vaginal Birth After Cesarean (VBAC)

As you may know, there are risks in any birthing situation whether it is hospital, birth center or home birth. Just being pregnant carries some risks. VBAC carries with it some special considerations that you must be aware of in order to make an informed decision on attempting a VBAC outside the hospital with a Midwife. The following list is designed to help you make an informed decision about attempting to have a vaginal birth after cesarean also known as VBAC. Your alternative would be to have a repeat cesarean section. Please sign below if you agree with the following statements:

I understand that I have had one or more prior cesarean(s)

I understand that my midwife will follow OMA guidelines.

Lunderstand that I have the option of an elective repeat cesarean with a physician or to attempt a normal vaginal birth in the hospital, or choose to birth out of the hospital with a midwife.

I understand that approximately 60-80% of women who have had a previous cesarean will successfully give birth vaginally. The success rate increases for those that have already had a vaginal birth.

The benefits of a VBAC include: decreased blood loss, decreased postpartum complications and a shorter

recuperation. I understand that there is a higher risk of uterine rupture because of the uterine scar from my cessarean. This risk is increased by the use of medications that are used to augment labor and decreased by natural labor without

I understand that my midwife will not augment or naturally stimulate a VBAC.

I understand that in the event of a uterine rupture there are risks to myself and to the baby with a higher risk of

harm to the baby than to me.

I understand the risks to me, from uterine rupture, include but are not limited to: excessive blood loss, blood transfusion, hysterectomy, infection, injury to my internal organs (bowel, bladder, ureter), blood coagulation problems and death. These are the same for cesarean birth.

I understand that the risk of uterine rupture during VBAC in someone like me who has had a prior incision in the noncontracting part of my uterus is around 1%.

I understand that if I have a uterine rupture there may not be sufficient time to transfer to the hospital to prevent harm to my baby or to me.

I understand that the exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but has been reported as high as 50%.

Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2 previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves and/or baby.

I understand that if I choose to attempt a VBAC and end up having a cesarean section during labor, I have a greater risk of problems than if I had an elective repeat cessarean section.

I understand the risks of repeat cesarean section include but are not limited to: blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), injury to the baby, possible hysterectomy, blood coagulation problems or death.

I understand and assume the added risk for myself and the baby and agree to follow closely the recommendations (including dietary, chiropractic and acupuncture) to stay in the low risk category.

I understand that my midwife will follow the VBAC guidelines that include encouraging a healthy diet, evening primrose oil beginning at 36 weeks and Cell Salts at 37 weeks. Other homeopathics are occasionally used as

I agree that if my midwife feels that consultation, collaboration or referral of care to a physician is in the best interest of mom or baby, I will comply with her recommendations.

I have read and understand the above information and have had my questions answered and have received all the information I need to make an informed choice after discussing my options with my midwife.

l agree with the above and want to attempt a VBAC with a Midwife out of the hospital:

Client	Date OS/102/2016
Witness Jan William Agentage	Date_ 6-2-16

+++00 AT&T 🖘

1:24 PM

88% 🕮







Brand

Text Massage Tue, Ju: 5, 8:41 AM

I know you were both going to think I am crazy however my milk has come in. I'm only 18 weeks so, am I going to hurt the baby if I start pumping?



Brandy Harris

Ideally, I wouldn't reccomed you pump. It can cause contractions.

Some hand express, colostrum. Hormonally, you wont make anything but colostrum until after baby is born. Leaking us super normal right now.

I'd not attempt anything until way closer to baby time. To be safe.













Patient # |

+++ODAT&T 🤝

1:25 PM

88% 🕮



Brandy



Torreday 7:24 AV

Hello ladies! I tried to rest some but the contractions kept coming. Now that I am up and active again they are progressing. They are getting more painful and are lasting about 50 seconds with two minutes in between.

7:24 AM

Benederanding verse

7:34 AM

Yes. I am OK for an hour or two but I just want to be checked and kind of see where I am.

7:36 AM

Ok imen myway dowatakes me about 75min or sesto get there

7:39 AM

See you soon

7:42 8/4









Patient

88%

1:25 PM

Brandy

| New | First | F

Yes. I am OK for an hour or two but I just want to be checked and kind of see where I am.

7:36 AM

Oke I'm ourmy way now takes me about 75min or so to get there

7:39 AM

See you soon

7:40 AM

Drive safe

7:40 AM ·



7:44 AM

Thursday 10:39 AM

Howare voice one?

10:39 AM

Thursday 12:15 PM

Took a real nap. Just woke up. You were right about the water



์เ*ลือ*รรสภูต



Patient # /

+++00 AT&T @

1:25 PM

88%





Brand



7:44 AM

Toursday 10:39 AM



10:39 AM

Thursday 12:15 PM

Took a real nap. Just woke up. You were right about the water it didn't really break. Since I woke up the contractions have been a lot less intense so hopefully they'll intensified we can get this show on the road!

12:15 PM

OKA May dave deta Melas en 1999 Breilse mino

12:19 PM

Not what I want to hear!!

12:24 PM

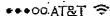
I want my baby!!

12:24 PM

All Mikachine teratri di acier de la lince







1:26 PM

.88% 200







Cidire

Not what I want to hear!!

12:24 PM

I want my baby!!

12:24 PM

Aww.mame_your_baby.knows _when to come 📆

12:25 PM

स्थातिक १०१३ अन्यस्य स्थापिक । स्थापन

12:37 PM

Thursday 3:29 PM

3:29 PM

Thursday 5:39 PM

Super tired but I'm still stuck in that contractions every 2 to 3 minutes that are about 30 seconds long. I'm just not progressing at all

5:39 PM

Have you been resting or what have you been doing?

5:40 PM





Psies cage



Patient #/

Brandy

Brandy

5:40 PM

5:40 PM

5:40 PM

6:28 PM

Figure (Figure 1:25 PM)

Figure (Figure 1:25

Fildsv 10:07 AM

So, last night at about 3 AM the contractions started again. They are about five minutes apart and last about a minute a piece.

1C:07 AM

My water still hasn't broken but I feel super frustrated.

10:07 AM

I know there is no normal but I've been in pain for almost 24 hours. Does this happen to other people?

10:08 At/.





Patient

••000 AT&T €

1:26 PM

87% 😎

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(i)

Brandy

ार्ण्या ५. घेण्डे सोड स्वप्रमुद्धा स्ट other people?

Yes the signerial stop of special laborates to look of laborates to look of laborating the special laborating to laborate laborates and the special laborates and the special

10:12 AM

Brandy Harris

It has, yes. It's the strange space between labor and practice

10:13 AM

I am just feeling really out of control which is super overwhelming to me

10:18 AM

My biggest concern is how long this practice contractions stage can last. Could I potentially be doing this for a month and a half?

10:19 AM



Bischer



Patient # /

-0000 AT&T: 🕏

1:27 PM

87%







I am just feeling really out of control which is super overwhelming to me

10:18 AM

My biggest concern is how long this practice contractions stage can last. Could I potentially be doing this for a month and a half?

10:19 AM

10:19 AM

Facolisalisk vor workerde Feling this folganioning steps built ship some save the or and or folsoveral only to save al

10:19 AM

No. unfortunately I don't think anything is really changed and you would just see in a really negative mental place

10:20 AM

Period (other trees is a polition of the





•0000 AT&T ☎

1:27 PM

87%









No. unfortunately I don't think anything is really changed and you would just see in a really negative mental place

10:20 AM

Cantyou take an Egsom sali bath and try to relax?

10:21 AM

Yes.

10:24 AM

This is just sort of hitting me and my Achilles' heel. Being out of control and not knowing when or how long this is all going to last is becoming super emotional for me

10:25 AM

And two eups of Epson salt io a nice hot bath and soak for 45min of so. Let us know how you are after

10:26 AM

Š

iMesaaya



•0000 AT&T 😤

. 1:27 PM

... 87% 🜉







Better physically, still not great mentally.

3:00 PM

Brandy Harris

He'll come. I promise. It's okay to be disappointed. You know he's got his time and he'll show up. Release it.

3:02 PM

Love you girl! He will come in his time?

3:05 PM

Saturday 10:54 AM

So, last night at about 8 PM my mucous plug came out. Since then I have been having consistent contractions but, my water has not broken. I am just super tired and in a ton of pain

10:54 AM

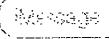
How close are they now? And lasting how long? And was your nucous plug

10:55 AM











Patient # |

- 0000 AT&T 🤝

1:28 PM

87%





(i)

Brandy

Seturcay 10:54 A.V

So, last night at about 8 PM my mucous plug came out. Since then I have been having consistent contractions but, my water has not broken. I am just super tired and in a ton of pain

10:54 AM

Fiother of the section of the sectio

10:55 AM

Bloody

11:14 AM

Tapits a great signafor alrogress Blosvellaviant someone kese ome Greak on volt

11:14 AM

11:14 AM

Five minutes for a minute apiece

11:15 AM















1:28 P.M

87%







Brandy

Traiss gen sign (or progress Bo voluvamesomeore to come encekon volt

11:14 AM

11:14 AM

Five minutes for a minute apiece

11:15 AM

Yes but, I came by the seminar I don't know that I'll stay the whole time. It's from 1 to 4

11:15 AM

ivili you let us know when you are home and Wani someone (o) come?

11:17 AM

No. I've been worried about his movement. Last night I kind of tested it by drinking ice water and being really still and he only checked it twice in about a

11:17 AM







HASACC



Patient # |

●0000 AT&T 😤

1:28 PM

87%





Brand

No. I've been worried about his movement. Last night I kind of tested it by drinking ice water and being really still and he only checked it twice in about a 2 hour.

11:17 A話

11:18 AM

But We need to stack of this we can be now the archive to see he had a seed to see the seed of the see

11:19 AM

Brandy Harris

I'm happy to come by and check in

11:22 AM

Let me know when you head









C TSTA cocco

1:28 PM







Brandy

(i

TIME

- Temes - Wiles will von Se heelded - Temes

Brandy Harris

I'm happy to come by and check in

11:22 AM

Let me know when you head home and and I'll come see you and check on this kid for you.

11:40 AM

Solonelis better solve cannineke sure valuemorie are Solo eka

11:40 AM

Okay. I will text.

11:44 A

Brandy Harris

Okay:)

11:47 AM

Saturday 12:54 PM

And the contractions got too intense so I am on my way

12:54 PM

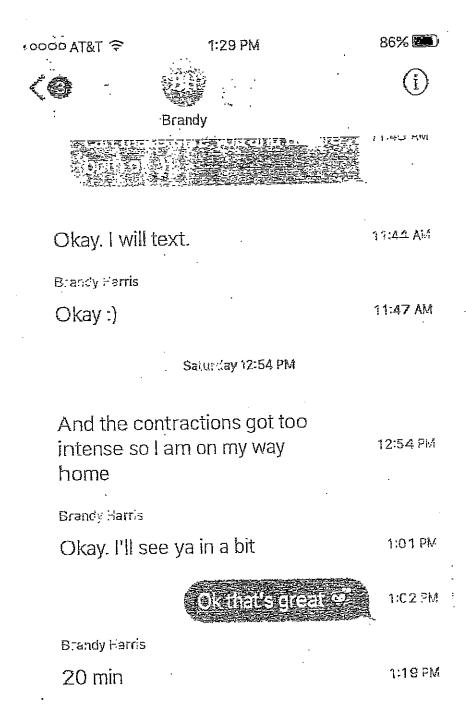


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Patient # /

Moments of Bliss Midwifery Services LLC

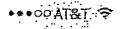


Saturday 8:38 PM

I'm feeling a little flu-ish. My







1:29 PM

86%







Brandy

I'm feeling a little flu-ish. My body is feeling achy and I have a little bit of a fever.

8:38 PM

Wherevous Englishmes was a selection of the control of the control

8:50 PM

100.5; been fine but he did feel feverish on Thursday

8:53 PM

How are your preasts? Any red tender limps? Mastiffs can red like this or you corlo have a Virus?

8:54 PM

Definitely not mastitis cause I've had that. It must just be a little virus

9:02 PM

De volumeve some vitaminie Volument iskažožnie svienostoje



4. Recognia



Moments of Bliss Midwifery Services LLC

Patient # /

++- ←00 AT&T 辛

1:29 PM

: 86% 🕮







Brandy

I've had that. It must just be a little virus

9:02 PM

9:03 %

Sunday 7:45 AM

I need to have a real conversation. I just had my fourth night of not sleeping and dealing with 10+ hours of mild to moderate contractions. I just don't know how much longer I can do this. Do I even have the option of calling uncle? Since I don't have insurance with the hospital even see me, since my water hasn't broken?

7:45 AM

With equals will

7:45 AM

etiefeetricenter(enleg/eler

Patient # /



1:29 P

86%







Brandy

don't have insurance with the hospital even see me, since my water hasn't broken?

With equals will

7:45 AM

The hospital will see you, but they world teep you it you aren't it also, and you water hasen arokan

7:46 AM

Or increase to me substitutions

Velocatione to dessume sale

Elelegany ordenio barkste

ease the southernous and increase

7:47 AM

7:48 AM

łţ

You can come check. I will try to have o by Akins later

7:51 AM

enalisation station services



DANSE SE VA



Patient # |

÷ T&TA odoo+

1:30 PM

86%





(i)

Brandy

You can come check. I will try to have go by Akins later

7:51 AM

7:52 AM

Sunday 9:33 AM

9:33 AM

Sunday 5:34 PM

I ended up taking three doses of that medicine and unfortunately it still hurting.

5:34 Phi

The contractions started getting worse about an hour ago

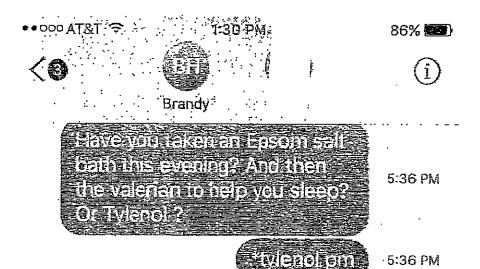
5:35 PM

Eave versieker an Epcomselt Both fels evening: And Inch Both felstar is rep versiedes:

5:36 PM



Patient #|



Now we just got done with the shower. I hope the birthday party went good. I will take an Epson salt bath and that medicine you brought over to help me sleep

5:36 PM

·5:36 PM

Charlette scaverated enteres विद्या स्ट्राहर स्ट्र

5:37 PM

I rested for about an hour after you left and then we had to get ready for the shower

5:37 PM

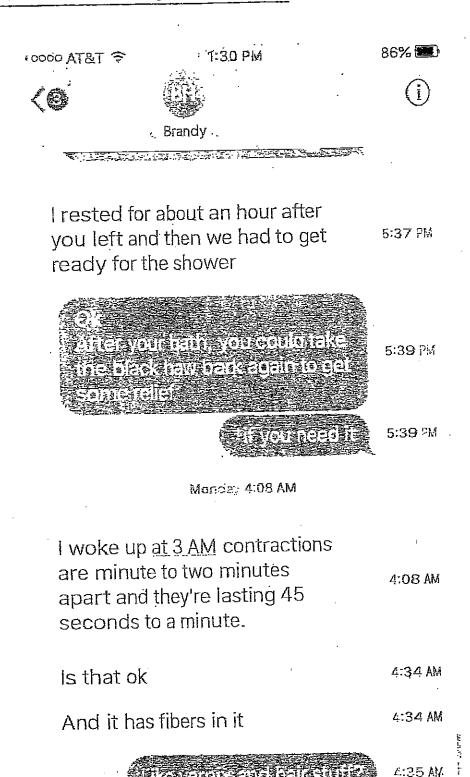
Affeleyour or they our equile take ide ofickatewoetka-ofioaceae

5:39 PM





Patient #/



•0000 AT&T ♀

1:30 PM

86%







Brandy

Monday 4:08 AM

I woke up at 3 AM contractions are minute to two minutes apart and they're lasting 45 seconds to a minute.

4:08 AM

Is that ok

4:34 AM

And it has fibers in it

4:34 AM

4:35 AM

Yes

4:36 AM

Thats normal is the water clear other than that?

4:36 AM

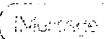
It was like the color of Pepsi

4:35 AM

Well that's odd Can you take a picture

4:37 AM

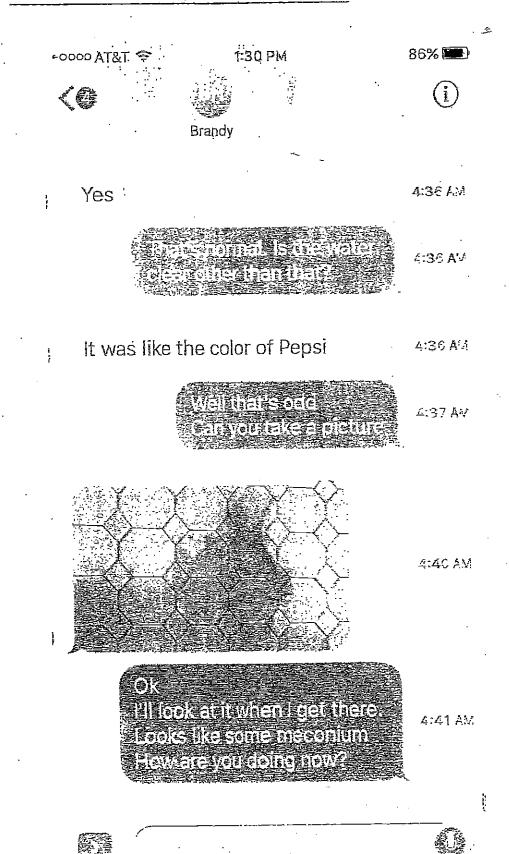






Patient #/

Moments of Bliss Midwifery Services LLC



Patient #/

+++00 AT&T 🗢

1:22 PM

89% 🐯



in the said



Text Message Monday 4:45 AM

This is messing up

3 phone

is

4:45 AM

erennency Cyclerialineen Greeneely-Hov

4:46 AM

There is floating baby poop in the tub

4:48 AM

Is the baby going to be ok?

44.7 AM

4:47 AM

Festoria de la composition del

4:49 AM

No

4:50 AM

Negrosigie digelljegorajosie dige regylae okć

4:50 AM











•••000 AT&T 🗢

1:23 PM

Č89% 💳



Ne to the ing the actor to the Moving old

4:50 AM

A big bubblegum pink Mucas thing just came.

4:53 AM

That's ok It's more us? Everything else ok?

4:53 AM

Just alot of brown

4:57 AM

5:00 AM

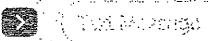
A bag is ready.

5:00 AM

doesn't know if the baby

5:00 AM

is ok.





• 000 AT&T 🤤

1:23 PM

89% 🕮



BAUCI AM

A bag is ready.

5:00 AM

doesn't know if the baby is ok.

5:00 AM

5:01 AM

Sure

5:01 AM

5:13 AM

We are almost there

5:18 AM

Ok goed :Hoping you are there now .hm like 'Omin away

5:34 AM

We are in

5:33 AM





Moments of Bliss Modwifery fervices

Moments of Bliss Midwifery Services LLC Dawn Karlin APRN-CNM

INFORMED CONSENT FORM

I hereby acknowledge that I am valuniarity contracting for midwifery services. I have made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise which may present a hozard to myself and my unborn child. These problems include, but are not limited to, the possibilities of excessive bleeding, infection, convulsions, coma, altergic reaction and respiratory distress. Some other medical problems affecting the fetus and newborn which could occur are cord prolapse and other problems relating to the umbilical cord, congenital abnormalities, fetal distress, malpresentation, immatrity and post maturity, birth injuries affecting the newborn such as the effects of hyperblirubinemia, blood incompatibility, anomalies, altergies, infections and brain damage which are difficult to recognize and/or are unrecognizable immediately after birth.

I have been informed and understand that personnet, facilities, and equipment for dealing with potential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver outside of the hospital, I am taking certain risks for my unborn child and myself. These risks relate mainty to delay in medical treatment for unforeseen childbirth complications to mother or baby requiring transfer to a hospital.

I understand that in the event transport or transfer to a medical facility is necessary; I will be taken to a medical facility and be seen by the physician on call far my care.

My acceptance into the care of a midwife is based on information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met. I will share the responsibility for meeting these requirements as follows;

- (will obtain laboratory lesis recommended by my midwife.
- A regular schedule of prenalal visits will be followed.
- If I start labor before 37 weeks or after 42 weeks of pregnancy, the midwife and/or a
 physician for possible transfer of care will evaluate me.
- I am responsible for choosing a pedialrician to examine the baby within 24-72 hours of delivery.
- I have been informed of the Midwife's training and experience.
- The midwife's training and experience is designed to enable her to assist the mather with as little intervention as possible, in normal labor and delivery where no maternal or infant complications are expected.

PRINT YOUR NAME.	·	
SIGNED:	DATE: 05/02/2016	
SIGNATURE OF MIDWIFE AND MALLA	4- 8646 AM DATE: 5-2-16	

ADM 11/7/2016, D/C 11/7/2016

All Orders (continued)

DISCHARGE PATIENT	(continued)			
Instance released by: Eppard	Gregory G, MD (auto-rele	eased) 11/7/2016	4:17 PM	
	End o	of Encounter		
		ما الما الما الما الما الما الما الما ا		

Progress Notes by Brown, Holli A, RN at 11/7/2016 6:00 AM

Author: Brown, Holli A, RN

Service: (none)

Author Type: Registered Nurse

Date of Service: 11/7/2016 6:00 AM Filed: 11/7/2016 9:07 AM

Note Type: Progress Notes

Status: Addendum

Editor: Brown, Holli A, RN (Registered Nurse)

Related Notes: Original Note by Brown, Holli A, RN (Registered Nurse) filed at 11/7/2016 9:02 AM

Pt is a G2P1 at 36.5wks IUP that presents to triage with complaints of possible SROM. Pt has been seeing midwife Dawn Karlin for her prenatal visits and has approx 10PNV per midwife. Pt states she has been contracting irregularly since 11/2. Pt states she SROM at 0422 and infant "possibly had a bowl movement inside." Pt had a c/s 15mo ago and was planning to VBAC at home. Midwife told pt to come to Mercy after pt notified her of "colored amniotic fluid." Pt states she is contracting q2min and denies any vaginal bleeding at this time.

0543-Attempted to place pt on external monitor. Pt stated she last felt fetal movement in her car on the way to the hospital.

0545-SVE done by HBrown and unknown presenting part felt that was not vertex. Meconium stained fluid

0546-SVE done by E. Veatch

0547- SpO2 placed to determine FHTs

0550-Dr. Bishop called to BS and US called for to assist in locating FHTs

0551-Dr. Bishop at BS for SVE and determine fetus was breech

0553-US on and no FHTs visualized

0556-Pt prepped for c/s and transferred to OR#3

OKLC HEALTH -INFORMATION MANAGEMENT 4300 W Memorial MERCY HOSPITAL OKLAHOMA CITY 4300 W Memorial Rd Oklahoma City OK 73120-8304

Patient #1

ADM 11/7/2016, D/C 11/7/2016

H&P by Bishop,	Kancy M, MD at	11/7/2016	8:06	A[vì

Author: Bishop, Nancy M, MD

Service: (none)

Author Type: Physician

Date of Service: 11/7/2016 8:06 AM Filed: 11/7/2016 8:13 AM

Note Type: H&P

Status: Signed

Editor: Bishop, Nancy M, MD (Physician)

OB Admission H&P

Chief Complaint: contractions

History of Present lliness:

is a 33 y.o. G1P0 at ?37 weeks EGA brought here by midwife who was laboring at home. She states she had been laboring at home since Wednesday. She had a previous c section 16 months ago. Midwife brought her to the hospital (Dawn) due to unknown presentation. Patient states she has been ruptured for over 24 hours. She states she is feeling fetal movement.

OB History Gravida Para	Term	Preterm AB	SAB	TAB	Ectopic	Multiple	_Living
1	 						
# Outcome Da	te GA	Lbr Len/2nd	Weight	Sex	Delivery	Anes	PTL Lv
1 Current		·					<u>.</u>

Active Problems: Abnormal labor

Past Medical History

Diagnosis

Date

- Endometriosis
- · History of shingles

2/1/2010

GYNHx: denies history of abnormal pap smears. denies history of sexually transmitted diseases.

FHx: Non-contributory. denies history of congenital anomalies.

Past Surgical History

Procedure

Laterality

Date

Pt denies relevant surgical history

Social History

Substance Use Topics

· Smoking status:

Types:

Former Smoker - 14 years

Cigarettes

Never Used

Smokeless tobacco:

OKLC HEALTH INFORMATION MANAGEMENT 4300 W Memorial

Patient # /

MERCY HOSPITAL OKLAHOMA CITY 4300 W Memorial Rd Oklahoma City OK 73120-8304

ADM 11/7/2016, D/C 11/7/2016

Operative Report by Bishop, Nancy M, HiD at 11/7/2016 8:13 AM

Author, Bishop, Nancy M, MD

Service: (none)

Author Type: Physician

Date of Service: 11/7/2016 8:13 AM

Filed: 11/7/2016 8:19 AM

Note Type: Operative Report

Status: Signed

Editor: Bishop, Nancy M, MD (Physician)

Operative Procedure Note

NAME:

MRN:

DATE OF OPERATION/PROCEDURE:

11/7/2016

PREOPERATIVE DIAGNOSES:

1. Intrauterine pregnancy at ?37 weeks

2. Insufficient prenatal care

3. S/p failed breech VBAC at home

4. NRFHTs

5. Previous c/s X 1

POSTOPERATIVE DIAGNOSES:

SAME

PROCEDURE PERFORMED:

Repeat low transverse cesarean section.

SURGEON:

Nancy M Bishop, MD

ASSISTANT:

Scrub techs and Dr. Lewis

ANESTHESIOLOGIST:

Dr. Caldwell

ANESTHESIA:

Spinal

IV FLUIDS:

Crystalloid, 1000mL

ESTIMATED BLOOD LOSS:

800mL

URINE OUTPUT:

200mL of clear urine via foley catheter.

OKLC HEALTH INFORMATION MANAGEMENT 4300 W Memorial

Moments of Bliss Wildwifery Services LLC

ате уоц сигтеліту глоподатюць?

do you have pain during intercourse?

birth control used in the past Pill

complications with birth control Hormone imbalance

have you ever had any of the following conditions?

Ovarian cysts - Active Poos. Current amount or severity unknown.

· · · · · · · · · · · · · · · · · · ·	1	·	1411	DE	Pulse	FH	Fe	I FHT	Protei	Int. Exam	Labs
visit date	Wis	Edema	Wt	BP			· N/A	N/A	Neg / Neg	i No	Yes
	1 9.0 formed b wn Karl	•	193 1 sted by ren Sca	124/86 arbrough	visit type In Perso	Cwd n - Office	visit du		daches	1 10	162
headache comments Occasional-thinks i		vis	ual distr	inances	dizzines No			igns/symptom	s dysuria (S No	&S of UTI)	
abnormal vaginal dis No	charge	bleedir Yes	ng ble M	eeding com ostly brow	ments n spotting	g, had so	me bright	red spotting y	esterday		, .
Back/hip/pubic pain Yes	itchin No	iess leg No	o J cusuba	s varicos No	se veins	injuries No	: Pre-Es No	igns/symptom	s Emotiona Normal	I/Mental sta	tus
fatigue nausea Yes Yes	vomiting No	j fever No	of 101 o			ther comi lound lig	nents ament pair	contraction None	ns FMi -		
administered Rhoga No	m pe Ye	rformed u s	rine test	ketone Neg	s nitrite Neg	s leuk Tra	,	color clarity Light Clear			
had physical exam Yes	HEEN Norm	_		tremities & ormat		eart Vormal	abdominal Normal		eum breast ormal Defen	s comments red	:
genitourinary comm Deferred	ents	pap perfo No	med	labs order Yes		ordered enatal Pa		abs ordered n Vitamin d levo	otes el progestero:	re, bHcg q	uant
ultrasound ordered Yes	ultras She	อยกต่ orde is going t	ered note o call to	es o schedule	with ultra	sound u		meds/supplen No	nents		
payment entered un Yes	ider billin		ext visit o 19/16, 10	date 0:00 AM							
comme _i						alea ba	- bood bay	ing snalited i	nostly brown t	not had	
red spotting yeste O: see flowchart	rday. De	siring ho	nebirth	and seeki	ng midwi	fery care	:-	ing spound i	nodby brown t	octiled	
A: 30yo G2P1001 P: Discussed mid	w/IUP a	at 9w0d b	y LMP, : nd exe:	scwd, isti mse for or	rimester eonancv	bleeding and reco	i ommended	weight gain.	Questions an	swered,	
concents cianad	New oh	labs and	vitamin	d level too	lav. Also	orogeste	erone and t	oHcg, into pro	wided for nitra	sound	
unlimited, she will Planning to scheo	call to s	schedule i Luttrasour	1st trime od unlim	ester u/s. F nited for 1s	t inmeste	l 1st trim er and ar	ester preca atomy sca	n ultrasound	ic 4wks of Sol -	ner pm.	
signed off by	1016 17101	цистоп	IG GALLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-				
Dawn Karlin on 5.	/13/16, 7	7:08 AM		·				·			
6/9/16, 10:13 AM	9.3	None	199	· 13B/76	73	Cwd		158	Trace / Neg		. i - N
	erformed Dawn Ka	iby as ufin La	sisted by auren S	y carbrough	visit typ In Pers			No	No No	ual disturbar	ices
dīzziness faintin No No	g GIs Yes	signs/symp s	otoms	Gl comm Diamhea		-	ıria (S&S of	UTI) abno No	rmai vaginai dis	scharge	
bleeding Back/l No Yes	ip/pubic	pain p S	ain com Seeing (ments thiro and s	tarting m	assage	itchiness No	leg cramps No	varicose ve No	ins injuri No	es

Patient #3

Moments of Bliss Midwifery Services LLC

TITLE ALDER ALDER AL	other No	contract None	ions	FM -	administered No	Rhogam	periormed urine test Yes	keiones Neg	niiniizes Neg	ieukocytes Neg	color Concentrated
S: Saw today for 4wk RTO appt. Reports some nausea, reports overall feeling good except fired, hasn't had any more spotting since starting the progesterone. O: see flowchart A: 30yo G2P1001 w/IUP at 9w3d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, destring vbac P: Reviewed 1st trimester precautions. Questions answered. Will rtc 4wks or sooner pm.	danty Clear		•		ohysical exam				s/supplem		
	S: Saw any mo O: see A: 30yo desirin P: Rev	ore spotti flowchau o G2P10 g vbac iewed 1s	ing sin rt O1 w/I	ce sta UP at	ating the progr :9w3d by 1st t	esterone. rimester w	s, scwd, 1st trimester	bleeding, h	ix previou		esn't had

Prenatal Visits	``\ 									
visit date	Wks Ed	ema Wt	ВР	Pulse	FH	i Fe	FHT	Protei	Int Exam.	Labs
7/6/16, 11:49 AM	13.6 No	опе. 202	126	78	Cwd	N/A	145	Trace / Neg	No .	No
	formed by wn Karlin	assisted by Lauren So		visit type In Persor			No	No	l disturbance	3S :
dizzīness fainting No No	GI sīgns/s Yes	ymptoms	Gi comme Nausea	ents dysu No	uta (SES	of UTI)	Yes Yes	ginal discharge		ì
VD comments Greenish mucous, d	denies pain	or itiching a	r odor, feel	s like it is r	omai	bleeding No	Back/hip/pu 'Yes	ibic pain		
pain comments Seeing or Duncan for			eg cramps Vo	varicose No	veins	Injuries No	Pre-E signs/s No	symploms		
Emotional/Mental state Normal	tus fatīgi No	ue fever o No	of 101 or mo	ore other Yes						
other comments Having some aching being awake, movin		when first	wakes up,	feels bette	rafteru	rinating ar	contracti nd None	ions FM +		: ; !
administered Rhogan No	n perform Yes	ned urine te:	st keton Neg	Neg	Tra	ce	color Concentrated		ood ph eg 6.5	
had physical exam	labs order No	ed ultrasi No	ound ordere	ed meds No	/supplen		ext visit date /4/16, 11:30 /	ΑM		Ī
comme s: Saw tod	lay for 4wk	RTO appt l	Reports so	me nausea	a, report	s overall fe	eeling good. 1	Denies vb 🛮 🗅	gned off by awn Karlin /6/16, 12:28	
O: see flowchart A: 30yo G2P1001 v desiring vbac								ousdsx1,		-
P: Reviewed 2nd tr							onerpm	Neg / Neg	No-	
	18.0 h aformed by awn Karlin	assisted b	:	visit type	Cwd on - Offic		<u> </u>	adaches	1 40 - 1	No
headache comments Bad headache the		ook Tyleno		sturbances	ďizzi No	iness fai No		gns/symptoms		
GI comments N/v one day before	e lunch, she	feels like s	he let her E	BS drop to	o low; re		uria (S&S of U	ITI)		
abnormal vaginal dis		bleeding No	Back/hip/pu Yes	abic pain		omments t-chiro, yo	oga and mass	itchiness sage No	eg cran No	прѕ
•	ijuries Pre lo No	e-E signs/syr	nptoms	Emotional Normal	Mental s		atīgue fever 'es No	of 101 or more	other No	

signed off by

Dawn Kartin on 8/4/16, 1:01 PM

leukocytes administered Rhogam performed urine test ceiones niiniles contractions FΜ Yes Neg , Neg +1 Light Clear None Νo blood had physical exam labs ordered ulinasound ordered meds/supplements next visit date Nο Νo 9/8/16, 11:30 AM Neg Νo Νo comments today for 4wk RTO appt. Reports some sinus congestion with headache. Denies vb or cramping. O: see flowchart A: 30yo G2P1001 w/IUP at 18w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac P: Reviewed 2nd trimester precautions. Questions answered. Recommended magnesium for headache, may take with TylenoL Will rtc 4wks or sooner pm.

Prenatal Visits	L			•			•
visit date W	ks Ederna Wt	BP Pulse	FH Fe	FHT	Protei	Int Exam	Labs
9/9/16, 10:08 AM 23	1" None 211 4	138/73 93	24 N/A	148	Trace / Neg	No. :	Nο
supervised by perform Dawn Karfin Dawn K		visit type prough In Person	visīt dura 1 - Office 40	ition head No	aches visua No	l disturbanc	es
dizzîness fainting Gl No No No	_ , ,	ysuria (S&S of UTT) o	abnormal vaginal No	discharge	bleeding No		
	ain comments eeing Dr Duncan for d		itchiness leg crar No No	nps varicos No	se veins inju No	ıries	
Pre-E signs/symptoms No	Emotional/Mental stati Normal	us fatigue na No No		ever of 101 or No	more othe Yes	Г	
other comments Questions about umbilio	contraction contraction cal hernia. Occasion		omments ning with round liga	ment pain du	ning walking	FM +	
administered Rhogam No	performed urine test Yes	ketones nitrites Neg Neg		oncentrated		ood eg	
ph s.g. had physica 7 1.015 No	al exam labs ordere No	d ultrasound orde No	ered meds/suppl No		ext visit date 1/6/16, 3:00 Pi	М	,]
comments	or 5wk RTO appt. ove						
O: see flowchart A: 30yo G2P1001 w/IUf vbac, 2vc P: Reviewed 2nd trimes d level next visit signed off by Dawn Karlin on 9/9/16	ster precautions. Ques			•		~	
10/6/16; 3:09 PM 27	7.0 None 221	122/82 102	· 27 Jransv	128	·Trace / Trace	No.	Yes
supervised by perform Dawn Kartin Dawn		visit type brough In Persor	visit dur n - Office 45			i	
headache comments Occasional, goes away			līzzīness fainting No No	GI signs/sy Yes	mptoms		
Gl comments Constipation, taking pro	dysuria (S&S o obiotic No	of UTT) abnomnal No	vaginal discharge	bleeding No	Back/hip/pubi Yes	pain	
pain comments	itchiness leg cramps No No	varicose veins No	injuries Pre-Es No No	igns/symptom	ıs		
Emotional/Mental status Normal	fatigue nausea Yes No	vomiting fever o No No	of 101 or more out No	er contract Occasio			
administered Rhogam No	performed urine test Yes	ketones nitrites Trace Neg	•	olor darity ght Clear	blood ph Neg 5.5	s.g. 1.010	;

lab ordered details labs ordered notes ultrasound ordered had physical exam labs ordered Thrigs, CBC, and vitamin dilevel No Other Νo Yes nexi vîsît date meds/supplements 10/27/16, 11:00 AM . Νo comments today for 4wk RTO appt, overall feeling good. Denies vb or cramping. O: see flowchart At 30yo G2P1001 w/IUP at 27w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc P: Reviewed 3rd frimester precautions, s/sx of pil, and daily find. Questions answered. Will no 3wks or sooner pm. Thr gs, CBC and vitamin d level today. signed off by Dawn Karlin on 10/6/16, 3:46 PM

	Wks : Edema	. Wt BP	Pulse :	FH	Fe	FHT	Protei	Int Exam	Labs
0/27/16, 11:18 AM	30.0 None	217 123/74	93	30	ROT	132	Trace / Neg	, No	No
, ,	•	sisted by uren Scarbrough	visit type In Person	- Office	visit du 30	ration head No	daches visua No	al disturbanc	25
dízziness fainting No No	GI signs/symp No	otoms dysuna (No	S&S of UTT)	abnon No	mal vagina	al discharge	bleeding No		
Back/hip/pubic pain Yes	pain commen Pelvis was h	fs urting after walki	ng around do	กพ o ทีกพอ	, saw chi	ro, feels bette		ness	
leg cramps varico No No	ese veins inju No	ies Pre-Esigns No	/symptoms	Emotic Norma	onal/Menta al .		tigue nause o No	a vomiting No	
fever of 101 or more No			ctions comme or two a day		FM adп ++ No	ninistered Rho	gam perfori Yes	med urine tes	Ĭ.
ketones nitrites Trace Neg	-		arity blood Jear Neg	l ph 7		had physical e No	exam labs of No	dered	
ultrasound ordered No	meds/suppler No	nents payment Yes	entered unde	er billing?		visit date 0/16, 4:00 Pt	√i		
commenis									
TOU	рау тог эмк н ц) appt, Overall fe	elîng good. C	Denies v	b or lof.				
O: see flowchart A: 30yo G2P1001 vbac, 2vc P: Reviewed 3rd tri signed off by Dawn Karlin on 10.	w/IUP at 30w0d imester precau	by 1st trimester ions, s/sx of ptl, a		st trimes	ter bleedi				٠
O: see flowchart A: 30yo G2P1001 v vbac, 2vc P: Reviewed 3rd tr signed off by	w/IUP at 30w0c imester precau /27/16, 12:25 P	by 1st trimester ions, s/sx of ptl, a	u/s, scwd, 1s	st trimes	ter bleedi			er pm.	Ŋ
O: see flowchart A: 30yo G2P1001 vbac, 2vc P: Reviewed 3rd frisigned off by Dawn Karlin on 10, 11/10/16, 4:32 PM supervised by pe	w/IUP at 30w0c imester precau /27/16, 12:25 P 32.0 Milc erformed by a	by 1st trimester ions, s/sx of pti, a	u/s, scwd, 1s and daily fmo 33 , 97 visit type	st trimes c. Questi 32	ter bleedi ions answ BOA visit d	vered. Will rtc	: 2wks or soon : Trace / Neg adaches visi	er pm. No ual disturbance	
O: see flowchart A: 30yo G2P1001 vbac, 2vc P: Reviewed 3rd tri signed off by Dawn Karlin on 10, 11/10/16, 4:32 PM supervised by pe	w/IUP at 30w0c imester precau /27/16, 12:25 P 32.0 Milo erformed by a awn Karlin L	by 1st trimester ions, s/sx of ptl, a M 218 130/8 ssisted by auren Scarbroug	u/s, scwd, 1s and daily fmo 33 , 97 visit type	st trimes Questi 32 n - Office	ter bleedi ions answ 80A visit d e 45	vered. Will rto	: 2wks or soon : Trace / Neg adaches visi	er pm. No ual disturbance	No
O: see flowchart A: 30yo G2P1001 vbac, 2vc P: Reviewed 3rd fr signed off by Dawn Karlin on 10, 11/10/16, 4:32 PM supervised by pe Dawn Karlin Dawn Kar	w/IUP at 30w0c imester precau /27/16, 12:25 P 32.0 Milo erformed by a awn Karlin L GI signs/syn	by 1st trimester ions, s/sx of ptt, a M 218 130/6 ssisted by auren Scarbroug ptoms dysuria	u/s, scwd, 1s and daily fmo 33 , 97 visit type h In Perso (S&S of UTI)	st trimes c. Questi 32 n - Offic abno	ROA visit d e 45	vered. Will rto 129 uration he No	Trace / Neg adaches visi No bleeding	er pm. No Jal disturband	es
O: see flowchart A: 30yo G2P1001 vbac, 2vc P: Reviewed 3rd frisigned off by Dawn Karlin on 10, 11/10/16, 4:32 PM supervised by pe Dawn Karlin Di dizziness fainting No No Back/hip/pubic pain	w/IUP at 30w0c imester precau /27/16, 12:25 P 32.0 Milc erformed by a awn Karlin L GI signs/syn No itchiness No	by 1st trimester ions, s/sx of ptt, a M 218 130/4 ssisted by auren Scarbroug ptoms dysuna No leg cramps var No leg cramps var No or of 101 or more	u/s, scwd, 1s and daily fmo 3	st trimes C Questi 32 n - Offic abno No injuries	ROA visit de 45 ormal vagir	129 uration he No nal discharge	Trace / Nec adaches visi No bleeding No	er pm. No Jal disturband	es
O: see flowchart A: 30yo G2P1001 vbac, 2vc P: Reviewed 3rd fr signed off by Dawn Karlin on 10, 11/10/16, 4:32 PM supervised by pe Dawn Karlin Dawn Kar	w/IUP at 30w0cd imester precaute /27/16, 12:25 Processor in a 20 l Mile errormed by a awn Karlin Law GI signs/sym No itchiness No vomiting few No No No No cents	by 1st trimester ions, s/sx of ptt, a M 218 130/6 ssisted by auren Scarbroug ptoms dysuna No leg cramps var No or of 101 or more édema note:	u/s, scwd, 1s and daily fmo 3 . 97 visit type h In Perso (S&S of UTI) icose veins other of	st trimes Questi 32 n - Offic abno No injuries No ther comi	ROA visit de 45 ormal vagir	129 uration he Nonal discharge signs/sympto:	Trace / Nec adaches visi No bleeding No	er pm. No Jal disturband	es



ultrasound ordered meds/supplements next visit date
No No 11/23/16, 1:30 PM

COMIT.

S: Sav today for 2wk RTO appt. Overall feeling good. Denies vb or lof.

O: see flowchan

A: 30yo G2P1001 w/IUP at 32w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of ptl, and daily fmc. Questions answered. Will rtc 2wks or sooner pm.

signed off by

Dawn Karlin on 11/10/16, 4:55 PM

Prenatal Visits	<u> </u>				<u> </u>			<u> </u>		
visit date	Wks Ede	ema Wt	BP	Pulse	ĒΗ	Fe	FHT	Protei	int. Exam	Labs
11/23/16, 1-47 PM	33.6 No	ne 219	119/73	119	33	BOA-	145	Trace / Neg	No ·	No.
Dawn Karlin Dav	ormed by vn Karlin Gl signs/sy	•	rbrough dysuña (S&		en - Office abnor		ation head No I discharge	laches visua No bleeding No	l disturbanc	æs
No No	No		No 		No					
Back/hip/pubic pain Yes	pain comn Pelvic dis			yo ∍acusinb	s vand No	ose veins	•	Pre-E signs/syr No	npioms	
Emotional/Mental stat	us fatīgu Yes	_	omments when she			-	fever of 101 o No	rmore othe . No	ef	
Occasional Felt	actions comm nore Braxto seling them	n hicks type	UC in the	last wee	k, nothing	j strong ju	st feeling tigh	`FM itness, ++		
administered Rhogam No	perform Yes	ed urine test	ketones +3	nitrite Neg	es leuko +2	-,	olor Concentrated	clarity blo Clear Ne	,	
s.g. had physical 1.020 No	exam, lab No	os ordered o	ultrasound No	ordered -	meds/ No	supplemen		it date 5, 2:00 PM		
comme S: Saw O: see flowchart A: 30yo G2P1001 w vbac, 2vc P: Reviewed 3rd trir 2wks.or.sooner.pm.	/IUP at 33w nester preca	autions, s <i>l</i> sx	mester u/s, of ptt, and	, scwd, 1 daily fin	st trimest	er bleedin				
signed off by Dawn Karlin on 11/2				-						
12/5/16, 2:15 PM	35.4 N	one .	125/81	106	36	ROA	134		No -	No:
	fonned b <u>y</u> wn Karlin	assisted by Lauren Sca	arbrough	visit type In Perso		visit du 90	ration hea No	daches visua No	al disturbano	ces
dizziness fainting No No	Gl signs/s No	ymptoms	dysuria (Sa No	kS of U∏) abnor No	mal vagina	l discharge	bleeding No		
Back/hip/pubic pain Yes	pain com A little bit	nents. of lower bad		chiness lo	leg crar No	nps van No	cose veins	injuries No		
Pre-E signs/symptom No	s Emotio Norma	onal/Mental st al	atus fat No	-		romiting Vo	fever of 101 o No	ormore othe No	er FM 11	
administered Rhogan No	n perform No	ned urine test	had phy No	ysical exa	am labs Yes	ordered	lab ordered GBS cultur		sound orde	red
meds/supplements No	next visit d 12/15/16,	ate 10:00 AM		_:						

Patient#3

соплт

S: Sat.

oday for 2wk home visit appt. Overall feeling good, Denies vb or lof.

O: see flowchart

A: 30yo G2P1001 w/IUP at 35w4d by 1st trimester u/s, sowd, 1st trimester bleeding, 1x previous c/s x1, desiring

P: Reviewed 3rd trimester precautions, s/sx of ptl, and daily trnc. Questions answered. Will ric next week or sooner

pm. Gbs today.

signed off by

Dawn Kartin on 12/5/16, 2:46 PM

Prenatal Visits Wiss Edema Wt BP Pulse : FH Fe FHT Profei Int. Exam Labs
VISITORIE VISITO
12/15/16, 9:58 AM 37.0 None 221 128/83 110 34 No. 150 1 No. 150 No. 12/15/16, 9:58 AM 37.0 No. 150 No. 160 No.
dizzīness fainting Gl'signs/symptoms dysuria (S&S of UTT) abnoπnal vaginal discharge bleeding No No No No
Back/hip/pubic paln pain comments itchiness leg cramps varicose veins injuries Pre-E signs/symptoms Yes Seeing chiro No No No No No
Emotional/Mental status Emotional/Mental status comments fatigue Normal Had one day of being nervous and scared for birth, the next day she felt better No
nausea vomiting fever of 101 or more other contractions PM administered Rhogam performed unite test Yes No No No Occasional ++ No Yes
ketones color clarity had physical exam labs ordered ulfrasound ordered next visit date Neg Concentrated Clear No No No 12/22/16, 10:00 AM
S: Saw Jay for 1wk ric appt. Has had some back pain, otherwise feeling good. Denies vb or lof. A little worried about changing movements but has been able to do kick counts for reassurance without difficulty. Feels like baby is really low, chiro adjusted her pubic symphysis back into place on Tuesday. O: see flowchart A: 30yo G2P1001 w/IUP at 37w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc P: Reviewed 3rd trimester precautions, s/sx of labor, and daily finc. Questions answered, reviewed fetal kick countsdiscussed bpp if desired or if unable to do kick count. Will ric next week or sooner prin. signed off by Dawn Karlin on 12/15/16, 10:22 AM
12/22/16, 10:22 AM 38.0 None 223 113/71 88 37 ROT 140 Neg / Neg No No supervised by performed by assisted by visit type visit duration headaches visual disturbances Dawn Karlin Dawn Karlin Lauren Scarbrough In Person - Office 35 No No
dizziness fainting Gl signs/symptoms dysuria (S&S of UTI) abnormal vaginal discharge No No No No
VD comments bleeding Back/hīp/pubic pain Every now and then chunks of mucous No . Yes
pain comments itchiness leg cramps varicose veins injuries Around sacrum and pubic symphysis, seeing chiro No No No No
Pre-E signs/symptoms Emotional/Mental status Emotional/Mental status comments fatigue nausea vomiting No Normal Has been initable Yes Yes No
fever of 101 or more other contractions FM administered Rhogam performed urine test ketones nitrites No No Occasional ++ No Yes Neg Neg
leukocytes color clarity blood ph s.g. had physical exam labs ordered ultrasound ordered Neg Light Clear Neg 7 1.010 No No No
meds/supplements next visit date No 12/29/16, 9:00 AM



соттеп

S: Saw L / today for twk ric appt. Has had some back pain, otherwise feeling good. Denies vb or lof. O: see flowchart

At 30yo G2P1001 w/IUP at 38w0d by 1st frimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of labor, and daily time. Questions answered. Will ric next week or Sooner pm.

signed off by

Dawn Karlin on 12/22/16, 10:52 AM

Prenatal Visits	
visit date Wks Edema Wt BP Pulse FH Fe FHT Protei Int. Exam	Labs
. 12/29/16, 9:13 AM 39.0 None 223 105/63 85 38 ROT 134 Trace / Neg No	No 1
supervised by performed by assisted by visit type visit duration headaches visual disturbance Dawn Karlin Dawn Karlin Lauren Scarbrough In Person - Office 30 No No	25 E
dizziness fainting Gl signs/symptoms dysuria (S&S of UTI), abnormal vaginal discharge bleeding No No No No No	Live make
Back/hip/pubic pain pain comments : itchiness leg cramps varicose veins injuries : Yes Pelvic discomfort, achiness No No No No	* 17- 4- Liberty
Pre-E signs/symptoms Emotional/Mental status fatigue nausea vomiting fever of 101 or more other No Normal No Yes No No No No	ويونونيون
contractions contractions comments FM EFW administered Rhogam performed urine test ketones Occasional Feeling less frequent but stronger ++ 7lb No Yes Neg	عاداد بروسواله
nitrities leukocytes color darity blood ph s.g. had physical exam labs ordered Neg +1 Concentrated Cloudy Neg 6.5 1.025 No No	
ultrasound ordered meds/supplements next visit date No No 1/3/17, 10:00 AM	e Left Light Language Afficia
comme S: Saw oday for 1wk rtc appt. Has had some pelvic pain, otherwise feeling good. Denies vb or lof. O: see flowchart	-
A: 30yo G2P1001 w/IUP at 39w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc	ari-water say
P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Will rtc next week or sooner pm.	
signed off by Dawn Karlin on 12/29/16, 9:50 AM	
1/3/17, 10:01 AM 39.5 Mild 220 123/85 99 40 ROT 13F9 Trace / Neg 6 No 1	100
supervised by performed by assisted by visit type visit duration headaches Dawn Karlin Dawn Karlin Lauren Scarbrough In Person - Office 30 No	ΩO.
headache comments visual disturbances dizziness fainting Occasionally feels on verge of headache but goes away when she eats or No No No No	
drinks something GI signs/symptoms dysuria (S&S of UTI) abnormal vaginal discharge bleeding Back/hip/pubic pain No No No No Yes	1000000
pain comments inchiness leg cramps varicose veins injuries Pre-E signs/symptoms Emotional/Mental statu Seeing chiro weekly No No No No No Normal	īè
fatigue fatigue comments nausea Yes Feels like is getting plenty of sleep, just tired Yes	armity templara
nausea comments vomiting fever of 101 or more other contractions Annoying, irregular, more common about 30min after eating No No No Occasional	المناوسة لأدويه فالمناوسة
edema notes FM administered Rhogam performed urine test ketones nitrites leukocytes color clarity Feet and fingers ++ No Yes Trace Neg Neg Light Cloudy	. دون ویدی است. دو

Moments of Bliss Midwifery Services LLC

Prenatal Visits

blood Neg	ph 7	s.g. 1.010	had physical exam No	labs ordered No	ultrasound ordared No	meds/supplements No	nexî visiî date 1/10/17, 10:00 AM
comm S; Sav or lof.	Ŋ		ay for twik no appt. H	as had some na	usea and back pain,	otherwise feeling goo	d. Denies vb
0: s ec A: 30v	i flowe to G2	chart P1001 w	/IUP at 39w5d by 1st	trimesier u/s, s	cwd, 1st frimester ble	eding, hx previous de	s xi, desiring
when t	2vc viewe				l daily imc. Questions		
signed	off by		17, 10:19 AM				

vísīt date	Wks Edema	Wt	BP	Pulse	FH	Fe	FHT	Protei	Int Exam	Labs
1/10/17, 10:10 AM	40.5 Mild	223	123/80	B6 .	39	Vertex	134	Neg / Neg		No 1
	•	i type Person - O		duratio	Иò	1	visual disturba No	No	1ess	
fainting Gl signs/sy No No		omments ser stools	dysuria (No	S&S of	,	bnormal va (es	ginal discharç	e		<u>}</u>
VD comments Reddish brown muc	ous plug this m	oming, abo	out a quari	er size	bleedir No	g Badvl Yes	hip/pubic pain	itchiness No	leg cramp No	s
varicose veins inju No No	_	ns/symptor		nal mal	Viental sta	tus tatiq No	gue nausea Yes	no No No		
fever of 101 or more No			edema not Hands		M admi → No	nistered Rh	ogam per Yes	formed urine te S	st keton Neg	es
i nitrites leukocytes Neg Neg	color Concentrate	clarity d Clear	blood Neg	1	-	ad physical lo	exam lab No	s ordered		
ultrasound ordered No	meds/supplem No		et visit date 16/17, 1:0				·			
comme: S: Saw too Encouraged by see O: see flowchart A: 30yo G2P1001 vbac, 2vc P: Reviewed 3rd tri sooner pm. signed off by Dawn Karlin on 1/1	w/IUP at 40w5d	ous plug if by 1st trim	nis am. De uester u/s,	nies vt scwd, '	o or lof. 1st trimes	ster bleedir	ng, hx previo	us ds x1, des	iring	-
1/16/17, 1:10 PM	41.4 None	224 ·	139/73	89	37.5	ROA	147	Neg/Neg	0,60%	! No
		ssisted by auren Scar		visit typ In Pers	e son - Offic		ration hea No		Ja) ඒණාඑan	Ces
dizziness fainting No No	Gl signs/sym No		dysuria (S& Vo	S of UT	T) abn No	ormal vagin	al discharge	bleeding No		
Back/hip/pubic pain Yes	раіл солте Has chiro a		стиге appt	ווסחומל		iness le N		raricose veins ' No	injuries No	
Pre-E signs/sympto No	ms Emotiona Normal	l/Mental sta	tus Επ Re	otional ally en	/Mental st notional to	atus comme oday about	ents i wanting lab		tigue nau es No	sea
vomiting fever of No No	101 or more		ntractions ocasional	FM ++	adminis No	tered Rhog	am perfon Yes	med urine test	ketones Neg	
nitrites leukocyte Neg +2	es color Concentra	clarity ted Clea		ph 7	s.g. 1.010	fetal station -2 -	n had phys No		ebs ordered lo	



Ultrasound ordered

meds/supplements

next visit date Nο

Νo

1/18/17, 12:00 PM

commer

S: Saw

oday for 1wk ric appt. Ready for baby, emotional, teary eyed. Denies vb or lof.

O: see flowchart

A: 30yo G2P1001 w/IUP at 41w4d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, destring

vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Discussed options for plan of care including continued expectant management with recommendation for BPP in the next couple of days, foley builb for labor encouragement, herbal/homeopathics for labor, transfer of care to hospital provider. At this time she elects to do foley and will consider herbals/homeopathics over the next couple of days. She will keep appt for acupuncture and chiro tomorrow if not in labor. Foley bulb placed intracervically- She will let me know when the foley bulb falls out.

signed off by

Dawn Karin on 1/16/17, 10:18 PM

	6				
•	—		_ 4 _ T	16	. ** '
	Pre	ПЯ	наі	- W P	SIES

į	visit date	Wks	Edema	Wt	BP	Pulse	H	Fe	FHT	Profei	Int. Exam	Labs
į	1/16/17 B:13 PM :-	41.4					S	ROA 1	143-150	s . = . · "s	5, B0%	1
į	supervised by per	formed b	y visit	type		risit duratio	n FM	fetal stat	ion			

Dawn Karlin

performed by Dawn Karlin visit duration

fetal station

In Person - Home 15

-2

comments

Received text from check and sweep...

6:30pm that foley bulb is out so made plan to go after clinic to her home to do a

Sve with sweep completed, reviewed call when pattern is 4-1-1 or sooner Pm. She verbalized understanding and will continue to plan to do acupuncture and chiropractor tomorrow if not in labor,

Dawn Karlin on 1/16/17, 10:14 PM

Lab Result .

signed off by Dawn Kadin on 12/15/16, 10:08 AM

labs drawn date

lab title

lab is for Wks

report status

12/6/16

Final results from RML for Group B Strep Culture

Mom

35.5 GA Final

collected date 12/6/16, 2:55 PM 12/6/16, 11:35 PM

received by lab date

results reported date

12/8/16, 9:08 AM

lab ordered by

GBS DAWN KARLIN Positive , 43 , 43

```
·lesi
aufeta:
                                                        FOOTNOTE
                       Group B Strep Culture
Final
**** Accession: 16-341-007570
*** Accession:
***
---
ee#
∓== Ajci⊃piojodå
*<-
                        Group B Strep Culture [private communis]
Vag/Rect Body Site:
12/06/2016 Received 12/06/2016
**= Procedure:
*** Source:
14:55
                                         Date/Time:
                                                          23:35
                         12/06/2016 23:35
        **FIMAL REPORTS÷*÷
*** Perified Date/Time: 12/08/2016 09:08

*** Positive for Streptococcus agalactiae (Group B)

***

***

***
*** Performing Locations

4** pl: This test was performed at:

*** RMI Tulsa Central Lab, 4142 5 Mingo Rd.,
 *** Tolsa, DK, 74146-
******** Notes Fod ********
                                           , DSA
Lab Result
                                                                                                                 report status
                                                                                                  ₩s
 labs drawn date
                         lab title
                         Preliminary results from RML for Group B Strep Culture 35.5 GA
                                                                                                                 Preliminary
 12/6/16
                                               received by lab date
                                                                           results reported date
                       collected date
                                                                           12/7/16, 2:55 PM
                       12/6/16, 2:55 PM 12/6/16, 11:35 PM
 lab ordered by
 DAWN KARLIN
                                                         result
 status
                         test
                         Group B Strep Culture
                                                         FOOTNOTE
 Preliminary
 tettet±±* Notes Begin **
 *** Accession:
                       16-341-007570
 ***
 *** Microbiology
 *** Procedure:
                          Group B Strep Culture [private comments]
Vag/Rect Body Site:
12/06/2016 Received 12/06/2016
14:55 Date/Time: 23:35
 *** Source:
*** Collected
*** Date/Time:
 *** Start Date/
                          12/06/2016 23:35
  ***

*** ***PRELIMINARY REPORTS***

*** Verified Date/Time: 12/07/2016 14:55
  *** Culture in progress
  ***
  *** Performing Locations

*** pl: This test was performed at:

*** RNL Tolsa Central Lab, 4142 S Mingo Rd.,

*** Tulsa, OK, 74146 , USA

********* Notes End *********
                                                                                                                     1.11:19 1
 Ľab Result
                                                                                              signed off by Dawn Karlin on 10/12/16, 3:04 PM
                           lab title
                                                                               lab is for
                                                                                             Wks
                                                                                                           report status
  labs drawn date
                                                                                                         Final
                                                                                             27.0 GA
  10/6/16
                           Final results from RML for VIT D TOTL Mom
                                                                                                                                                 lab ordered by
                                                         results reported date
  collected date
                             received by lab date
                                                                                                                                                 DAWN KARLIN
  10/6/16, 2:40 PM 10/7/16, 12:17 AM
                                                         10/7/16, 1:10 AM
  vitamin D
  20
```

Printed on 4/10/18 Record #:



Admissions	<u></u>						
Admission Time	Contractio	ВР	Fe	FHT	Contraction Fr	Internal Exam	Discharged
. 1/17/17, 6:15 PM "	1/17/17, 9:00 AM	· 125/94	LOP	128	- 3-5, 60, Mod · ·	No :	. No
weeks gestation 41.5		_					
Subjective	_		·	<u></u>			
Last Food Eaten Lunch at 12:00pm	Last Time Slept Slept from 2:00-4:00a		3owel Move 17		it Hydration ing juice smoothie	сипеойу	•
Emotions Ready to meet her	location pulse baby Home 103	7mp 98	performed : No	uine test			•
time of arrival 1/17/17, 6:15 PM time of arrival 1/17/17, 7:15 PM	person(s) Lauren Scarbrough person(s) Dawn Karlin						
had physical exam No	comments coping well, (oacing/sw	aying and b	reathing throu	signed of ugh UC Dawn Kr	fby adin on 1/18/17,	3:17 AM

Labor Flow	<u> </u>		_				
Status Time	Labor Status	BP Pulse	Tmp	Fe	FHT	Contraction Fr.	. []
- 1/17/17, 6:15 PM	ist Stat.	125/94: 103	- 98.8	· LOP-	- 128	: 3-5, 60, Strg :	No: 1
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbn	ough	matemal p Reclining		Couch	signed off by Dawn Karlin on 1/18/17, 3:17 AM
1/17/17, 6:40 PM · ·	1st Sta	3.20		LOP	128-14	2 : 3-5, 60, Mod	No sa Callanda
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbr	ough	matemal p Reclining		positioned on or with Couch	maternal location Couch
FHT status signed Accels Dawn	off by Karlin on 1/18/1	7, 3:17 AM		<u>.</u>			
1/17/17:6:51 PM	r 1stSta.∞	1.5	K.,		1,00	3-5, 60, Mod	No.
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbr	ough	matemal j Kneeling	noifisoc	positioned on or with Floor	matemal location Floor
comments Abx administered in	left hip, Rocep	<u> </u>	ed off vn Kar	by lin on 1/18	/17, 3:177	AM .	
1/17/17, 7:00 PM	İst Sta		Ţ	1000	1,45	. 3-5, 60, Mod	No.
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarbi	ough	matemal Reclining	•	positioned on or with Floor	maternal location Floor
signed off by Dawn Karlin on 1/1	8/17, 3:17 _. AM					•	
1/17/17, 7:20 PM .	1st Sta	*	F <.	LOT	139	4,5,60,Mod	No-
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarb	rough	matemat Reclining	•	positioned on or with Floor	matemal location Floor
signed off by Dawn Karlin on 1/1	8/17, 3:17 AM						
. 1/17/17, 7:36 PM	1st Sta		<u> </u>	, LOT	143	4-5, 60, Mod	No.
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarb	rough	matemal Standing	,	malemal location Floor	signed off by Dawn Karlin on 1/18/17, 3:17 AM
: 1/17/17, 7:41 PM	1st Sta		[, LOT	- [4-5, 60, Mod	6,80%
Lebor Status 1st Stage - Active	supervised by Dawn Karlin	performed by Lauren Scarb	rough	matemal Reclinin	•	positioned on or with Bed	maternal location Bed



fetal station signed off by
-1 Dawn Karlin on 1/18/17, 3:17 AM

	Labor Status	BP Pulse Tmp	Fe FHT	· Contraction Fr	, internal Exam Inp.
Status Time	<u> </u>	BP PUSE TIME	1 5 1111		;
1/17/17, 7:57 PM	Ist Sta		; 	`~	
abor Status	supervised by Dawn Karlin	performed by Lauren Scarbrough	comments	on left side with Dear	nut ball between knees
st Stage - Active	Dawn Kami	Lanieri aceronogri	Gentle birth ancture	taken	,
igned off by			•		
Dawn Kadin on 1/1.	8/17 , 3:17 AM				
1/17/17, 8:03 PM	ist Sta		LOT 153	4-5, 60, Mod	No
abor Status	supervised by	periormed by	maternal position	maternal location	signed off by
ist Stage - Active	Dawn Karlin	Lauren Scarbrough	Reclining	_	Dawn Karlin on 1/18/17,
		·			3:17 AM
1/17/17, B:29 PM	Ist Sta		LOT 153	4-5, 60, Mod	No
abor Status	supervised by	performed by	maternal position	positioned on or with Bed	maternal location Bed
1st Stage - Active	Dawn Kadin	Lauren Scarbrough	Lithotomy	DBG	5 55
signed off by Dawn Karlin on 1/1	0/17 2-17 1186			,	
Pawii railii on 1/1	OF 17, O-17 FAIVI		- ;		
1/17/17, 9:05 PM	ist Sta	المنال بالسيال	LOA 153		ertanere e e a a estada
Labor Status	supervised by	performed by	maternal position	positioned on or with Birth/Exercise Ball	maternal location Exercise/Peanut Ba
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Kneeling	DIMITE ACICISC DAI	LACIOSOT COINT DA
		doff by	17 A K Á		
Accels Void,	BM Daw	Karlin on 1/18/17, 3:1			
1/17/17, 9:25 PM	1 1st Sta	<u>.</u>	Vertex: 120	3-4, 50-60, Ma	
Labor Status	supervised by	performed by	maternal position	maternal location	FHT status
1st Stage - Active	Dawn Kadin	Lauren Scarbrough	Kneeling	Exercise/Peanut B	all Access
comments		signed o	-	17 A B A	
Breathing through	UC, reporting hi	p discomfort Dawn R	Carlin on 1/18/17, 3:1		
1/17/17, 9:35 PM	1st Sta				
Labor Status	supervised by	performed by	Input / Output		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough			
comments			signed off by	74A T.J. 7	
Peppermint and g	rapefruit EO diffi	using on paper towel	Dawn Karlin on 1/1	B/17, 3:17 AW	
	1st Sta	- 1	Vertex 13	1 3-4, 60, Moo	i No Wa
1/17/17, 9:51 PM		performed by assi			sitioned on or with
1/17/17, 9:51 PM Labor Status	supervised by				rth/Exercise Ball
		Dawn Karlin Lau	iren Scarbrough H	lands & Knees Bi	
Labor Status	Dawn Karlin	nput / Output comme	ents	signed off by	
Labor Status 1st Stage - Active	Dawn Karlin FHT status	nput / Output comme	•	signed off by	1/18/17, 3:17 AM
Labor Status 1st Stage - Active maternal location Bed	Dawn Karlin FHT status	nput / Output comme	ents	signed off by c. Dawn Karlin on	· · — · · · · · · · · · · · · · · · · ·
Labor Status 1st Stage - Active maternal location Bed 1/17/17, 10:17 PM	Dawn Karlin FHT status Accels 1st Sta	mput/Output comme Water Reboz	ents to shaking hips x10u Vertex 12	signed off by c. Dawn Karlin on 3 4-5, 60, Mo naternal position m	· · — · · · · · · · · · · · · · · · · ·
Labor Status 1st Stage - Active maternal location Bed	Dawn Karlin FHT status Accels 1st Sta supervised by	mput / Output comme Water Reboz	ents to shaking hips x10u Vertex 12	signed off by c. Dawn Karlin on 3 4.5, 60, Mo naternal position m	d No Wate
Labor Status 1st Stage - Active maternal location Bed 1/17/17, 10:17 PM Labor Status 1st Stage - Active	Dawn Karlin FHT status Accels 1st Sta supervised by Dawn Karlin	performed by ass	ents to shaking hips x10u Vertex 12 isted by	signed off by c. Dawn Karlin on 3 4-5, 60, Mo naternal position m	d No Wate
Labor Status 1st Stage - Active maternal location Bed 1/17/17, 10:17 PM Labor Status 1st Stage - Active FHT status Inpu	Dawn Karlin FHT status Accels 1st Sta supervised by Dawn Karlin tt/Output sign	mput / Output comme Water Reboz	ents to shaking hips x10u Vertex : 12 isted by ruren Scarbrough S	signed off by c. Dawn Karlin on 3 4-5, 60, Mo naternal position m	d No Wate
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Labor Status 1st Stage - Active maternal location Bed 1/17/17, 10:17 PM Labor Status 1st Stage - Active FHT status Inpu Accels Wat	Dawn Karlin FHT status Accels 1st Sta supervised by Dawn Karlin at / Output sign ter/void Daw	performed by ass Dawn Karlin on 1/18/17, 3	ents to shaking hips x10u Vertex 12 disted by uren Scarbrough S 17 AM Vertex 1 13	signed off by c. Dawn Karlin on 3 4-5, 60, Mo naternal position m Sitting B	d No Wate atemat location ed
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Labor Flow			· 			•	7 		
Status Time	Labor Status	BP	Pulse	-Ттр	Fe	HI	Contraction Fr	Internal Exam : 1	np
É1/17/17, 11:01 PM	1stSta		. !			1	3-4, 60, Strg	1 12 12 17 1	2. · 2
Labor Status 1st Stage - Active	supervised by Dawn Kartin	performe Lauren	-	ough	assisted by Lauren So	arbrough	commenis Purple line estima	1/18/17, 3:1 AM	non
1/17/17 11:02 PM .	1st Sta		<u> • • • </u>	- 1	LOA ·	129.	3-4, 60, Strg		- 1
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performe Lauren :		ough	assisted by Lauren So		Accels Daw	ed off by n Karlin on 1/18/17, 'AM	
1/17/17, 11:18 PM	1st Sta:	136/86	105	98.7	LOA	:140	3-4, 60, Strg	No\	/omit
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performa Lauren		ough	assisted by Lauren So		matemal position Hands & Knees	positioned on or with Floor	1
matemal location Floor	Input / Output Vornit	commen Feels like		re gett	ing more ir		ned off by wn Karlin on 1/18/	17, 3:17 AM	
1/17/17; 11:43 PM	1st Sta				Vertex ·	139	· . √3,60; Strg .	7 - No	
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performa Lauren :		ough	assisted by Lauren So		matemal position Kneeling	positioned on or with Birth/Exercise Ball	
maternal location Floor		omments eeling mo	re pres	sure O	n failbone	signed off t Dawn Kar	oy fin on 1/18/17, 3:1	7 AM	
· 1/18/17, 12:08 AM	Ist Sta		!		Vertex	1 / 140	3,60, Strg	Y No	
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performa Lauren :		ough	assisted by Lauren So	,	maternal position Sitting	positioned on or with Birth/Exercise Ball	
matemal location Exercise/Peanut Ba	signed off by di Dawn Karli	,		_	-	J			
1/18/17, 12:36 AM	[st Sta:	医阴影			Vertex	128	3, 60, Strg	No	,
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performe Lauren		ough	assisted by Lauren Sc		maternal position Standing	positioned on or with Floor	ı·
maternal location Floor		gned off by awn Kadir		8/17,	3:17 AM		-		
1/18/17, 12:47 AM			[. · : ·]	U.V	Vertex	<u> </u>	3, 60, Strg.	-31 · · · · · · · · · · · · · · · · · · ·	Vat:
Labor Status 1st Stage - Active	Dawn Karlin	Lauren:	Scarbro			arbrough	-matemal-position - Standing	—positione d on orwith Floor	·
maternal location Floor		put / Outpu /ater/ void			•		-		
comments is going to	move to into be	d on left s	ide with	i pean	ut ball betw	een knees	signed off by Dawn Kadin оп	1/18/17, 3:17 AM	
1/18/17, 1:36 AM	- 1st Sta	27 N.X	K	:4	Vertex:	, 116-120	4-6, 50, Mod		
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performe Dawn K		mater Side	nal position	position Peanut		de maternal location oft Bed	
comments Resting between U	C. Reports +fm	with UC.	~	d off by Karlin	n on 1/18/1	7, 3:17 AM			
: 1/18/17, 2:13 AM	- 1st Sta		1. • . !	-::	1. 2.			6, 80%	-
Labor Status 1st Stage - Active	supervised by Dawn Karlin	performe Dawn K	-	fetal s	lation	·			
comments Attempting to check	(Fht's, unable t	o ausculta	te, flipp	ed to	all fours, S	ve 6cm, bloo	signed ody show Dawn 3:17 A	Калі́п ол 1/18/17,	Primer y Spirit Vallet Spirit
1/18/17, 2:22 AM	1st Sta.	142/85	80 ·	98.5					



Labor Status supervised by performed by assisted by

1st Stage - Active Dawn Karlin Dawn Karlin Lauren Scarbrough

comments signed off by

Still unable to auscultate Fht's, 911 call placed Dawn Karlin on

O2 via flowby at 10L, chest down with bottom up

Attempted to check Firt's vaginally with Doppier and over entire abdomen, still unable to auscultate

outcome EGA by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female birth weight Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female birth weight Great off by Pawn Karlin on 1/19/17, 7:56 PM Female signed off by Dawn Karlin on 1/18/17, 3:50 AM Female signed off by Dawn Karlin on 1/18/17, 3:50 AM St call placed call was placed with time of subsequent calls emergency personnel arrival time of departure (required) 1/18/17, 2:22 AM 911 0250- hospital L&D Keri 1/18/17, 2:30 AM 1/18/17, 2:45 AM mival at facility mother status transport method receiving facility disposition condition of morn at transfer /18/17, 3:05 AM in 1st Stage Ambulance Southwest Integris Admitted Morn-stable, fetus-unknown medical center ransfer comments (including any information regarding the medical care of the client and outcome) signed off by taken to OR for repeat cesarean at 0347. Suspected uterine rupture with placental abruption and bank off by Dawn Karlin on 1/18/17, 3:30 AM signed off by	Attempted to check Firt's vaginally with Doppler and c	wer entire abdoment, still that he in austrhale
Labor Status supervised by performed by assisted by 1st Stage - Active Dawn Karlin Dawn Karlin Lauren Scarbrough EMS here at 0230 Dawn Karlin on 1/18/17, 3:17 AM Supervised by performed by assisted by 1st Stage - Active Dawn Karlin Lauren Scarbrough Lauren Scarbro	Statrus Time Labor Statrus BP Pulse	Tmp Fe FHT Contraction Fr Internal Exam Inp
1st Stage - Active Dawn Karlin Dawn Karlin Lauren Scarbrough EMS here at 0230 Dawn Karlin on 1/18/17, 3:17 AM 1st Stage - Active Dawn Karlin Dawn Karlin Lauren Scarbrough Lauren Scarbrough Lauren Scarbrough Lauren Scarbrough Scarb	1/18/17, 2:41 AM 1st Sta	
Labor Status supervised by performed by assisted by 1st Stage - Active Dawn Karlin Lauren Scarbrough Lauren Scarbrough Lauren Scarbrough Signed of the Status time of birth (body) baby caught by location comments signed of by Delivered 1/18/17, 3:20 PM Hospital staff Hospital Time of birth estimated. Dawn Karlin on 1/19/17, 8:03 PM Still Birth 41.6 Signed off by Dawn Karlin on 1/19/17, 7:56 PM Still Birth 41.6 Signed off by Dawn Karlin on 1/19/17, 7:56 PM Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/19/17, 7:56 PM Female Signed off by Dawn Karlin on 1/18/17, 3:05 AM Signed off by Dawn Karlin on 1/18/17, 3:05 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Signed off by Dawn Karlin on 1/18/17, 3:17 AM Sig		Lauren Scarbrough EMS here at 0230 Dawn Kartin on 1/18/17,
ambulance, waiting for ambulance to go 1/18/17, 6:00 AM	Labor Status supervised by performed by 1st Stage - Active Dawn Karlin Lauren Scarbroi	assisted by ugh Lauren Scarbrough
Labor Status fime of birth (body) baby caught by location comments signed off by Dawn Karlin on 1/19/17, 3:03 PM Newborn Details signed off by Dawn Karlin on 1/19/17, 7:56 PM Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Outcome E6A by EDD at birth Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female Signed off by Dawn Karlin on 1/18/17, 3:50 AM 1/18/17, 2:45 AM 1/18/17, 2:45 AM 1/18/17, 2:45 AM 1/18/17, 3:00 AM 1/18/17,		
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Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female gned off by lawn Karlin on 1/19/17, 7:56 PM Hospital Transfer - Mother signed off by Dawn Karlin on 1/18/17, 3:50 AM st call placed call was placed with time of subsequent calls emergency personnel arrival time of departure (required) 1/18/17, 2:245 AM orival at facility mother status transport method receiving facility disposition condition of morn at transfer Morn-stable, fetus-unknown medical center medical care of the client and outcome) signed off by taken to OR for repeat cesarean at 0347. Suspected uterine rupture with placental abruption and Dawn Karlin on 1/18/17, 3:50 AM Birth Summary st stage early 1st stage active 1st stage total 2nd stage length of ROM 1st stage start time 2nd stage start time 3nd brs 1/18/17, 3:20 PM Hospital Transfer - Infant signed of elivery comments time mother transferred mother transferred to 5nd stage 1/18/17, 3:20 PM Hospital staff Hospital Time of birth estimated. 1/18/17, 2:45 AM Southwest Integris medical center integris 2nd stage to OR for repeat cesarean at 0347. Suspected uterine rupture with placental abruption and fetal demise. Mother Postpartums:	Newborn Details	signed off by Dawn Karlin on 1/19/17, 7:56 PM
In the property of the propert		200.000
### Annual Processor of the Stage Ambulance Southwest Integris Admitted Morn-stable, fetus-unknown medical center ###################################	r-lospital Transfer - Mother st call placed call was placed with time of subsec /18/17, 2:22 AM 911 0250- hospit	quent calls emergency personnel arrival time of departure (required) al L&D Keri 1/18/17, 2:45 AM
taken to OR for repeat cesarean at 0347. Suspected uterine rupture with placental abruption and 1/18/17, 3:50 AM despital Transfer - Infant signed off by Dawn Karlin on 1/18/17, 3:17 AM signed off by Dawn K	•	Southwest Integris Admitted Mom-stable, fetus-unknown
Birth Summary st stage early: 1st stage active: 1st stage total: 2nd stage: length of ROM: 1st stage start time: 2nd stage start time: 3 hrs: 15 mins: 21 hrs: 5 mins: 30 hrs: 20 mins: 0 hrs: 0 mins: 1/17/17, 9:00 AM: 1/18/17, 3:20 PM: ime of delivery: baby caught by: location: delivery: comments: time mother transferred: mother transferred to: 1/18/17, 3:20 PM: Hospital: Time of birth estimated. 1/18/17, 2:45 AM: Southwest Integris: medical center: naternal transfer comments: taken to OR for repeat cesarean at 0347. Suspected utenne rupture with placental abruption and fetal demise. Mother Postparturns:	ansfer comments (including any information regarding taken to OR for repeat cesarean at 0347. Susp etal demise.	pected uterine rupture with placental abruption and Dawn Karlin on
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taken to OR for repeat cesarean at 0347. Suspected utenne rupture with placental abruption and fetal demise. Mother Postparturns:	1/18/17, 3:20 PM Hospital staff Hospital Time	of birth estimated. 1/18/17, 2:45 AM Southwest Integris
Mother Postpartums:		pected utenne rupture with placental abruption and fetal demise.
	Mother Postpartures	
	Visit Date Wks blood pressure F	

Printed on 4/10/18 Record#



visit location supervised by 6-8 week visit benformed by Hospital Dawn Kariin Dawn Karlin Νn plans & procedures tioday just prior to discharge home from the hospital. She reports her pain is well controlled with Percocet. She and have made arrangements for counseling and. has reached out to her community for support and feers well loved and supported at this time. She does express concern for the development of . motherwort recommended along with rescue remedy and ignatious homeopathic, all provided with instructions for use and encouragement to ask for medical help as needed if these efforts are not effective. We made plans for home visits: assistant to follow up in a couple of days and I will follow up in one week or sooner as needed and we will keep in contact via phone prior to that. signed off by Dawn-Karlin on 1/19/17, 8:03 PM 1/23/17, 1:15 PM : ' ك_ته . الأ 126/85 : Fini@u-3 : Laciating Scant rubra Inters visit location supervised by performed by visit duration 6-8 week visit review of diet Home Dawn Karlin Dawn Karfin 30 Regular Nο review of activity level or exercise Emotional and Social Wellbeing BM/Void Self care, resting when possible Doing well overall Pm no issues supplements or herbs is breastfeeding? breastfeeding notes resumed intimacy? Priv. herbals- motherwort, rescue remedy-Pumping twice a day to donate milk No pulse temp Fundus Breasts Lochia Perineum administered Rhogam next visit date 97.9 Fimi@u-3 Lactating Scant rubra Intact 2/6/17, 3:00 PM plans & procedures today for 5day ppv after repeat cesarean/still birth. She reports physically doing well and feels emotonally stable. Incision is CDI, healing well, no redness or swelling or drainage: She does have a small blood blister about 2 inches above and to the left of the left side of her incision, looks like reaction to adhesive. Assistant will flu within the week with home ppv and will rtc in 2wks for ppv or sooner Pm. signed off by Dawn Karlin on 1/23/17, 3:12 PM 1/26/17, 5:05 PM 126/89 Lactating. Ffml@u3 Very light rubra visit location supervised by performed by visit duration 6-8 week visit review of diet Home Dawn Karlin Lauren Scarbrough 80 No Staying well nourished and hydrated review of activity level or exercise Emotional and Social Wellbeing BM/Void Resting well, anxious to be more active Doing well, working through trauma/loss appropriately Pm no issues supplements or herbs is breastfeeding? is exclusively breastfeeding? Prenatal, probiotic, vitamin d, motherwort tincture, rescue Yes No remedy, homeopathics-amica & ignatia Amara, ibuprofen, Percocet breastfeeding notes resumed intimacy? pulse temp **Fundus** Breasts Still breastfeeding 3 year old a few times a day 80 98.9 Ffml@u-3 Lactating Perineum administered Rhogam Very light rubra Intact Nο plans & procedures is pumping daily and dealing with mild/moderate engorgement. She י will see for the first firme on Monday, January 30th, she also has a follow up visit with the OB that day. Her incision is healing appropriately and as expected. signed off by Dawn Karlin on 1/27/17, 1:00 PM 2/6/17, 3:32 PM · . . 2.5 121/74 . Involuting well . Lactating . Light rubra, h.: intact ... visit location assisted by supervised by performed by 6-8 week visit visit duration. review of diet Office Dawn Karlin Dawn Karlin Lauren Scarbrough No Reg review of activity level or exercise Emotional and Social Wellbeing BM/Void Resuming ADL as tolerated Feeling good. Pm no issues supplements or herbs is breastfeeding? breastfeeding notes resumed intimacy? pulse Pnv Nη Pumping twice a day, donating milk 80

Printed on 4/10/18 Record #

PRIVATE & CONFIDENTIAL - Page 28

Breests Fundus Involuting well Lactating Light rubra, had some increased bleeding for a couple of Intact

Lochia

administered Rhogam

Νo

next visit date

plans & procedures Weight 203

signed off by

Dawn Karlin on 2/6/17, 3:46 PM

2/27/17, 9:00 AM

Normal 3wk ppv. Will ris in 3wks for 5wk ppv or sponer Pm.

days, thinks she overdid it trying to get ready for open

Incision is healing well.

Moiher Postparturus					
Visit Date Wis blood pressure	Fundus	Breasis	Lochia	Perineum	Phys. Exam
2/27/17, 9:16 AM 5.5 124/87	Well involuted	Lactating	Has stopped	· Intact	Yes
visit location supervised by performed by Office Dawn Karlin Dawn Karlin		visit duratio rough 45	n 6-8 week Yes	visit review of Regular	oliet
review of activity level or exercise Emotions Has resumed adl w/o difficulty Good	al and Social Wellbe	eing supplemen None		is breastfeeding? No	
breastfeeding notes resumed intimacy? Pumping and donating	family planning Caya	father's învolven Good	nent retum ti In aprīl	•	Wt 204
Lances	Perineum admin Intact No	nistered Rhogam	HEENT lung Normal Nor	s extremities mal Normal	: & skīn
heart pap performed Normal No					
plans & procedures Normal 6wk ppv. We had discussed contraception last visit a Reports incision has healed well, no concer Has been to Denies needs at this time.	nd sent a Caya sa ms. kly appimits.	unple home with h	ertotry.Caya	purchased today	r.
signed off by Dawn Karlin on 2/27/17, 11:13 AM		•		•	

Date Time	Previo	New Fee	Payment	New Balance	insurance owe	s patient owes	next payment du
5/12/16, 10:58 AM	\$0.00	\$2500	\$500	\$2000.00	\$0	\$2000	<u> </u>
fee type Standard Midwifery Package	patient resp. \$2500	•	payment method Check		comments Deposit receiv		· · · · · · · · · · · · · · · · · · ·
7/6/16, 11:33 AM	\$2000.00		\$250	\$1750.00	\$D	\$1750	· i
patient resp. ins. re \$0 \$0	esp. payment Check	method che 525	ck# commen 8 Paymen	ts received, tha	nks!	-/	
10/8/16, 1:03 PM	\$1750.00	\$15.63.	7	\$1765.63	\$0	\$1765_63	
fee type patient res Labs \$15.63	sp. ins. resp. \$0	comments Fee for CBC	C, 1 hrgs, and v	itamin d level			
10/27/16, 11:37 AM	\$1765.63	, ,	\$1000	\$765.63	\$0	\$765.63	
patient resp. ins. r \$0 \$0'	esp. payment Check	method che 52	eck# commer 72 Paymen	nts t received, tha	inks!		
11/10/16, 4:55 PM	\$765.63		\$300	\$465.63	\$0	· į \$465.63	<u> </u>
patient resp. ins. i \$0 \$0	esp. paymen Check	method che	ck# commer 74 Paymer	nts it received, tha	inks!		
12/5/16, 2:58 PM	\$465.63	\$10,55		\$476.18	\$ D	\$476.1B	
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Operative Report signed by Plater, sollie S, MD at 1/142614 E.57 AM Service: (none)

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Note Time: 12/23/2015 1:39 PM Edition: Hager, Julie S, MD (Physicial) Trans Status, Available Trans Doc Type: Operative Note.

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MERCY HOSPITAL OKLAHOMACITY OKLAHOMA CITY, OK

PATIENT HAME CSNE MEN: DOE: PROVIDER:

OPERATIVE/PROCEDURE REPORT

DATE OF OPERATION PROCEDURE 12/23/2013

PREDPERATIVE DIAGNOSES

Intradicine programity at 40-817 th Weeks.

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GBS positive, traded.

Arrest of विशिक्षा करिए प्राप

Intermittant late decelerations with overall reseason and feld status throughout labor.

POSTOPERATIVE DIAGNOSES.

Intrattedne preprancy at 40-67741 weeks 1.

Status good conviral opening and induction with Pitochi and artificial replace of inembranes. 2.

GBS positive, treated.

Arrest of difation at 2 cm.

पिक्तिपारिकार विकि सेहटलेक्सेनाई असीं। एपनाकी उच्चडडोपारिक्ष विकिन्द्र स्थिप की ताम विकेता

PROCEDURE

Рпицату Іом йвозунівні сакарал зестірій.

SURGEON:

Gary F Sheb범 MD.

ASSISTANT:

Jedantz Stimpel

ANESTHESIA:

Epidural pet Dr. Hickey,

ESTIMATED BLOOD LOSS:

590 mL

FINDINGS:

Viable make Indeed in the OT presentation with 1 much along weighing 5 pounds 10 conces with Apgers of 6 and 9

CKLC HEALTH INFORMATION MANAGEMENT 4300 W Memoral

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MERCY HOSPITAL CALAHONA CITY 4300 VA M.=mortal Obligate City OK 73120-8304

Constative Report signed by Hagar, Julie 8, Will at 19472014 6:57 AM (continued

Ainsoelo grinsegge, lermon

COMPLICATIONS: None.

This patient is a 27-year-old, gravida 4, para 0 with 40-017th weeks who presented for a cervical opening and induction of ishon. She underwent cervical opening, builded not have a significant amount of cervical dilation, but was having utains contractions every 5 minutes. She had sufficiel rupture of membranes and Priorin sugarientstron. She was 2 cm, and 2 white continued to be 2 cm. At 4 hours, we elected to put an intermentary continued continued to be 2 cm. At 4 hours, we elected to put an intermentary presented continued to be 2 cm. At 4 hours, we elected to put an intermentary presented continued to be 2 cm. The hod intermittent late decidenters, but overell reasoning letel status. We discussed options करहें सेक्टरकों का process with descream section remote from प्रेडीपराप.

DESCRIPTION OF PROCEDURE.

The patient was rather to the operating from where epidural enembers as wound to be adequate. She was proper and the patient was rather to the operating from where epidural enembers was found to be adequate. The hards and despect in usual stands from the independent was under the patient and the lateral with a lateral with a lateral was the second in the indicated, and the laterally with the bode country. The inferior aspect of fascial inclaims was prosped with a Kocher, elevated, and the laterally with the bode country. The inferior aspect of fascial inclaims was unperfore, which in a chiller particular, the underlying metus intended and dissociated off stjerply. Attention was timed a uperfore, which in a chiller particular and entired receive intended and entired and entired in middles. The particular intended and entired receive intended where dissociated away, Rechis and enterior, who proved the particular intended and enterior was sharply. This intended authorized and intended, the valuation of bladder. The Alexa intended of the late of operation. The lower of the fact intended and the bladder was taken out of the field of operation. The lower placed. The vesicinatine performent was created and the bladder was taken out of the flaki of operation. The lower utaring segment was incised in transverse fashion with the scalpsi. This incision was extended laterally with bendance scissors. The felst veitex brought into the incision, delivered absumatically. Nose and mouth were but succepted. Cord was clamped and cut. The infinit was headed off to the availing rutuse practitioner, who gave high Appets of 8 and 9. The pleasand delivered cut in infinit was headed off to the availing rutuse practitioner, who gave high Appets of 8 and 9. The pleasand delivered with expression and was noted to be noticed. The utaline increasion was closed with an #0 Polyson solute noted in the hamostatic. The vasicontenne periorism was reapproximated using a 2-0 Polysorb shrine. The guiltes were desired of all clots and debyts, and the Alexis retractor was removed. The antentor penetal partitional in was υπο σοριστική με με με το επι με το επι με το επι a 2-0 Polyson's and the wan closed using a 4-0 Polyson. She blerated the procedure well. All counts were correct. She did receive Aucer and had received 4 doese of ampicular for GBS positive status. She was taken to the receivery month with her intent in good condition,

DICTATED BY: JULIES HAGER, MD

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Electronically signed by Haged, Julie S. Mid at 1/14/2014 \$57 AM	
END OF REPORT	
OKLC HEALTH INFORMATION MANAGEMENT ASON W Memorial	

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Consent for Care

I hearby request empliment with the midwife mentioned below to receive materiaty care for my current preparety with the following understandings.

- 1. Physical Examinations I authorize any member of the midwifus team staff to perform physical examinations on my person to confirm general health and pregnancy status, obtain the usual specimens, and perform the usual diagnostic procedures for the purposes of providing maternity care.
- 2. Authority to provide care I authorize any member of the midwifery team staff to perform, administer and provide as necessary to me and my baby.

(a) Health care and education related to pregnancy

(b) Obtaining of blood or other specimens for laboratory tests

(c) Medications as permitted by law such as IV infusions, infrarmscular injections, local anesthetics, and prophylactic eye medications

(d) "Delivery" of my baby

្ញុំ

- (e) Episiotomy and repair of laccarations related to birth if medically necessary
- (f) Postpartum care
- (g) Newborn care
- 3. Emergency Treatment I anthonize any member of the midwifety team staff to provide first aid as necessary in an curergency. When the midwife deems specialized medical care or hospitalization may be necessary, I shall agree to transfer care to a nearby hospital.
- 4. Student Teaching I understand that midwifery students may be involved in my maternity one. No students shall be permitted to perform any tasks that they are not qualified to perform according to their level of experience. I authorized refuse to allow midwifery students to participate in my care.
- Client's right to withdraw care I understand that I may choose to withdraw care at any point from the midwife mentioned below. I shall provide a written request to terminate care.
- Understanding of midwife's right to terminate care I understand that the midwife may terminate my maternity care if there are indications that I may not be a good candidate for a safe midwifery birth, if I fail to attend appointments regularly, if I fail to meet the financial agreement, or for other reasons at the discretion of the midwife. I understand that I will be notified in writing of the care withdrawal and referred to another care provider or service to complete my care. I have read and understand the financial agreement and acknowledge that there may be a refind due to me or I may still have a balance owing in the event of care withdrawal by either myself or my midwife

Client Signature.	Date: 5-6-16	
Midwife Signature: John MANA Alast MA	5-11-16 Date:	

Moments of Bliss Midwifery Services LLC



Moments of Poliss Mixwelery Services

Moments of Bliss Midwifery Services LLC Dawn Kartin APRN-CNM

INFORMED CONSENT FORM

I hereby acknowledge that I am voluntarily contracting for midwifery services. I have made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise which may present a hazard to myself and my unbom child. These problems include, but are not limited to, the possibilities of excessive bleeding, infection, convulsions, coma, allergic reaction and respiratory distress. Some other medical problems affecting the fetus and newborn which could occur are cord prolapse and other problems relating to the umbitical cord, congenital abnormalities, fefal distress, malpresentation, immaturity and post maturity, birth injuries affecting the newborn such as the effects of hyperbilirubinemia, blood incompatibility, anomalies, allergies, infections and brain damage which are difficult to recognize and/or are unrecognizable immediately after hirth

I have been informed and understand that personnel, facilities, and equipment for dealing with potential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver outside of the hospital, I am taking certain risks for my unborn child and myself. These risks relate mainly to delay in medical treatment for unforeseen childbirth complications to mother or baby requiring transfer to a hospital.

l understand that in the event transport of transfer to a medical facility is necessary; I will be taken to a medical facility and be seen by the physicion on call for my care.

My acceptance into the care of a midwife is based on information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met. I will share the responsibility for meeting these requirements as follows:

- " I will obtain laboratory tests recommended by my midwife.
- A regular schedule of prenatal visits will be followed.
- If I start labor before 37 weeks or after 42 weeks of pregnancy, the midwife and/or a physician for possible transfer of care will evaluate me.
- I am responsible for choosing a pediatrician to examine the baby within 24-72 hours of delivery.
- I have been informed of the Midwife's training and experience.
- The midwife's training and experience is designed to enable her to assist the mother with as little intervention as possible, in normal labor and delivery where no maternal or infant complications are expected.

PRINT Y •	
SIGNED	DATE:
SIGNATURE OF MIDWIFE AND APAR WAS	DATE 5-11-16

Moments of Bliss Midwifery Services

ments of Bliss Midwifery Services LLC Dawn Karlin APRN-CNM

D FII

FINANCIAL AGREEMENT

I. Paries

This agreement is made between Client(s) and Moments of Bliss Midwifery Services L.C.

 Fees (checks or money orders should be made out to Moments of Bliss Midwifery Services)

Non-refundable deposit of \$500.00 due at 1st prenatal visit which applies to the total fees. The delivery fee is \$2,500.00, which includes:

- ਵ Prenatal Visits
- Labor, delivery and immediate postportum care for the moment the baby.
- r Post-Portum Visits

This fee DOES NOT include:

- g Birth Assistant fee
- ធ្ល Lab work
- Birth Supplies
- 5 Distance Fee
- ह। Newborn screenings or other tests required by state law
- g Any referred services (e.g. ultrosound)
- Birth Center Fee
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 Birth Center Fee
 Birth C

3. Payments: All payments must be received by 36 weeks of gestation, as calculated by the midwife. You will receive a monthly invoice of your outstanding balance. If paying by credit card, there is an additional 3% surcharge for each transaction.

4. Cash Discount: Self-pay clients will receive a 10% (\$250) discount, reducing the birth fee to \$2,250.00, if they pay in full by the 31st week of gestation, as calculated by the midwife. This cash discount only applies to non-insurance patients.

5. Transport

The delivery fee is not refunded after or during the 37th week of your pregnancy or after the onset of your labor (including, but not limited to the rupture of your membranes).

I understand my midwife cannot promise me an out of hospital birth and should the need for transfer to a medical facility become necessary, she and/or a qualified assistant will confinue to offer support and will remain through whatever situation develops, because midwife support and advocacy at the hospital are very valuable, and having a knowledgeable person there can make the experience much more successful. I further understand that post-parturn care will be dutilitable following my discharge.

INITIALS

6. Transferring Care

Should you transfer core prior to 37 weeks of gestation as calculated by the midwife, and prior to the onset of labor (including, but not limited to the rupture of the membranes), the delivery fee will be refunded with the exception of \$600.00 plus \$50.00 per each prenatal visit).

PAGE 1 OF 2



- 7. Distance: If you live more than 80 miles from the midwife's office, there is an additional charge of \$400.00 for a homebirth to cover additional travel time and expense.
- 8. Birth Center Fee: The fee to use the facility for birth services is \$500.00.
- 9. Birth Assistant: You are responsible to hire and pay your birth assistant from an approved list of assistants. A birth assistant is required whether you are planning a home birth or birth center birth.

10. Insurance: If you have insurance or health care coverage, my billing service will bill your insurance company or health carrier for you. By entering into this contract, you authorize my billing service to release health information to your insurance company or health carrier for the purpose of processing your claims. My billing service may bill your insurance company or health carrier for the following services related to your care including, but not limited to: Initial visit, lab work. OB global fee including delivery, intrapartum care, birth assistance, facility fees, supplies, in therapy, newborn exams & PKU, postportum home visits.

When we bill clients directly, we standardize services into the birth fee. However, when we bill insurance and health corriers, we itemize services in accordance with the insurer's claims payment structure, which may require billing the insurance company in excess of the standard \$2,500.00 fee. Due to repeated claims processing and tracking expenses, it is more costly to bill insurance than it is a collect directly from the clients. We have the right to accept reimbursement from the insurance that exceeds the package fee of \$2,500.00. You are responsible for paying the midwife enough to ensure that the minimum reimbursement is \$2,500.00, regardless of insurance reimbursement. If your insurance company denies your claims, you are responsible for paying the entire package fee of \$2,500.00.

If, upon verification of benefits, your insurance company is likely to pay, we agree to only collect your deductibles for you and your baby, and approximate co-pay. If your insurance company pays and I find that you have overpoid, you will be refunded accordingly. There is a \$20 charge for the Verification of Benefits through the insurance billing company. Larsen Billing Service. To verify your insurance benefits, visit www.larsenbilling.com. My provider PIN is 12488.

If your insurance company reimburses you directly, which is not uncommon, you agree to cooperate with my billing service. The billing service will determine how much of the reimbursement should be sent to me, and how much, if any, is yours to keep. In this situation, you agree to reimburse me immediately.

11. Discloimer

We relieve the midwife of any financial responsibility arising from outside medical care. We understand that if our bill is not paid according to the terms of this agreement, our midwife cannot attend our birth unless other arrangements are made in writing. We also agree to assume primary responsibility for the outcome of the pregnancy and birth and to the extent permitted by law, will not hold the practice, midwife or her assistants responsible for outcomes that are a result of complications beyond their control. We view pregnancy and birth as a normal physiological process, and we understand that our midwife is merely acting within her scope by simply assisting and supporting us in our decision to birth our baby out of the hospital.

This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to Moments of Bliss Midwifery Services LLC, as stated above.

	Dote	
	<u> </u>	

PAGE 2 OF 2

Monents of Bliss Midwifery Services LLC

Patient#3

Utiresourd Unlimited, Inc. 2805 Specia Bryant Edmond, Okla. 73013 405-336-2225

Maining Address: 2712 Strady Tree Tane Edmond , Okia, 75013

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Byram Healtheane Centers, Inc. 120 Blochmedule Ficad Infite Plancs, NY Nibes 800-248-4525



REFERENDEY: BREAST PUNE NEDELA BURNING SASTEDOS TOLL FREE FAX: (1-972-703-2008)

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Patient#3

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Moments of Bliss Midwifery Services LLC Dawn Kartin APRN-CNM 519 W Main St. Weatherford, OK 73096

Consent / Waiver for Vaginal Birth After Cesarean (VBAC)

As you may know, there are risks in any birthing situation whether it is hospital, birth center or home birth. Just being pregnant carries some risks. VBAC carries with it some special considerations that you must be aware of in order to make an informed decision on attempting a VBAC outside the hospital with a Midwife. The following list is designed to help you make an informed decision about attempting to have a vaginal birth after cesarean also known as VBAC. Your alternative would be to have a repeat cesarean section. Please sign below if you agree with the following statements:

! understand that ! have had one or more prior cesarean(s)

I understand that my midwife will follow OMA guidelines.

- I understand that I have the option of an elective repeat cesarean with a physician or to attempt a normal vaginal birth in the hospital, or choose to birth out of the hospital with a midwife.
- I understand that approximately 60-80% of women who have had a previous cesarean will successfully give birth vaginally. The success rate increases for those that have already had a vaginal birth.
- The benefits of a VBAC include: decreased blood loss, decreased postpartum complications and a shorter
- I understand that there is a higher risk of uterine rupture because of the uterine scar from my cesarean. This risk
 is increased by the use of medications that are used to augment labor and decreased by natural labor without
 augmentation

I understand that my midwife will not augment or naturally stimulate a VBAC.

- I understand that in the event of a utterine rupture there are risks to myself and to the baby with a higher risk of harm to the baby than to me.
- I understand the risks to me, from uterine rupture, include but are not limited to: excessive blood loss, blood transfusion, hysterectomy, infection, injury to my internal organs (bowel, bladder, ureter), blood coagulation problems and death. These are the same for cesarean birth.
- I understand that the risk of uterine rupture during VBAC in someone like me who has had a prior incision in the nonconfracting part of my uterus is around 1%.
- I understand that if I have a uterine rupture there may not be sufficient time to transfer to the hospital to prevent harm to my baby or to me.
- I understand that the exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but has been reported as high as 50%.
- Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2
 previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor
 health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves
 and/or baby.
- I understand that if I choose to attempt a VBAC and end up having a cessarean section during labor, I have a
 greater risk of problems than if I had an elective repeat cessarean section.
- I understand the risks of repeat cessarean section include but are not limited to: blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), injury to the baby, possible hysterectomy, blood coagulation problems
- I understand and assume the added risk for myself and the baby and agree to follow closely the recommendations (including dietary, chiropractic and acupuncture) to stay in the low risk category.
- I understand that my midwife will follow the VBAC guidelines that include encouraging a healthy diet, evening
 primrose oil beginning at 36 weeks and Cell Salts at 37 weeks. Other homeopathics are occasionally used as
- I agree that if my midwife feels that consultation, collaboration or referral of care to a physician is in the best interest of morn or baby, I will comply with her recommendations.
- I have read and understand the above information and have had my questions answered and have received all
 the information I need to make an informed choice after discussing my options with my midwife.

I agree with the above and want to attempt a VBAC with a Midwife out of the hospital:

	Date 10/5/16	
Witness / halffly Affly from	Date 10-6-16	

Patient #3

Moments of Bliss Midwifery Services LLC

Factors requiring infant transfer	
Apgar score less that 7 at 5 minutes.	
Signs of persistent non-transient respirator	ry distress.
Jaundice with the first 24 hours of birth.	
Persistent hyper or hypothermia.	
Persistent hypertonia.	•
Unresolved tremors.	
Congenital anomaly requiring intervention	.
Central cyanosis.	
After the immediate postpartum period a	n inability to feed, urinate or pass meconium with 24 hour of birth
Unresolved low blood sugar.	
And/or any other abnormal newborn beh	avior or appearance which could adversely affect the newborn, as
assessed by a midwife exercising skill and	knowledge.
NO KNOWN RISK FACTORS FOUND.	
Date of Risk Assessment: 5-11-16	Midwife Signature: Man Man A 1 M Gill
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Date of Risk Assessment:	Midwife Signature:Midwife Signature:
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Date of Risk Assessment:	Midwife Signature:

Evidence Based Birth®

Evidence for the Vitamin K Shot in Newborns

March 18, 2014 by Rebecca Dekker. PhD. RN. APRN of www.EvidenceBasedBirth.com

Vitamin K deficiency bleeding, thought to be a problem of the past—has been recently thrust back into the spotlight. During an 8-month period in 2013, five infants were admitted to Vanderbilt Children's Hospital in Nashville, Tennessee, with life-threatening bleeding. The infants were diagnosed with late Vitamin K deficiency bleeding (VKDB)—four of the infants had bleeding in the brain, and one had bleeding in the intestines. Although the five infants survived, two required emergency brain surgery to save their lives, one has severe brain damage (a stroke with right-sided paralysis and severe cognitive delays), and two have mild to moderate brain injuries (Personal communication, Dr. Robert Sidonio, 2014).

What did these infants have in common? The infants ranged in age from seven weeks to five months old; three were male and two were female. Three of the infants were born in hospitals, and two were born at home. All of the infants were exclusively breastfed. Most importantly, what these infants had in common was that all of their parents had declined Vitamin K shots at birth.

Concerned by this outbreak, the hospital asked the Centers for Disease Control (CDC) to look into the situation. Researchers from the CDC examined Tennessee hospital records and found that between the years 2007 and 2012, there had been zero cases of Vitamin K deficiency bleeding out of more than 490,000 births. They randomly sampled records from babies born at three Nashville hospitals and found that 96.6% of infants received Vitamin K injections. In contrast, only 72%-of-infants-born in-local freestanding birth-centers received Vitamin-K (Warren, Miller et al. 2013).

When the parents of the five infants were asked why they had declined Vitamin K, their reasons for declining included: concern about an increased risk for leukemia, a belief that the injection was unnecessary and "unnatural," and a fear that their infant would be exposed to toxins in the shot. Only one of the families was aware that life-threatening bleeding was a possibility if they declined the injection (Warren, Miller et al. 2013; Personal communication, Dr. Robert Sidonio, 2014).

Discialmer: Nothing in this article shall be construed as advice from a healthcare provider (i.e. midwife, nurse, nurse practitioner, doctor, or lawyer). This article is strictly informational. It is general information that may not apply to you as an individual, and is not a substitute for your own healthcare provider's medical care or advice. If you need someone to examine you or discuss your pregnancy or haby's health, see a midwife, nurse practitioner, or doctor.

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Ultranumd Undimited, Inc. 2805 South Bryant Edmond, Okla. 73013 405-330-2225

Mailing Address 2712 Shady Tree Lease: Edmond, Okle 73013

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State's Exhibit "2"

Dawn Karlin, APRN-CNM (DK) Brandy Harris (BH) Barbara Pennell, RDMS (BP) Respondent: Assistant: Ultrasound:

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
04/11/16	Monday	3:15pm	Office	DK	4-5	New OB visit, physical exam, labs. Uncertain LMP due to lactation induced amenorrhea resulted in an estimated expected due date (EDD) of 11/02/2016. Orders documented to schedule an ultrasound apt. with Ultrasound Unlimited next week. Next visit date was set for 05/09/16.
05/05/16	Thursday		Ultrasound Unlimited	ВР	21,41	OB Ultrasound EDD was adjusted and sonographer noted baby measures "4 weeks less than by LMP"
06/02/16	Thursday	3:11pm	Office	DK and BH	5	Office visit. EGA now 14 weeks and 1 day by 1st trimester ultrasound. Fetal movement is documented for "maybe a week or two ago". Next visit date was set for 07/01/16.
07/01/16	Friday	9:23аш	Office	DK .	2	EGA now 18 weeks 2 days, 3 pound weight gain, trace proteinuria and a fundal height cwd. Next visit date was set for 07/28/16.
07/20/16	Wednesday		Ultrasound Unlimited	ВР	20,40	OB Ultrasound for "fetal size". Fetal position is footling Breech with an anterior placenta. EDD by this scan is 11/20/16 vs. previous scan of 11/30/16.
07/28/16	Thursday	10:56am	Office	DK and BH	5-6	EGA now 22 weeks 1 day, proteinuria increase to +1, urine ketones +1, weight gain of 5 pounds, fatigue and a fundal height measurement (24.5cm) greater than dates (22.1weeks), supporting fetal size greater that estimated gestational age. PT#1 reported having an US, but forgot to bring the report to this appointment. Next visit date was set for 08/24/16.
08/24/16	Wednesday	10:11am	Office	DK and BH	9	EGA now 26 weeks. Fundal height measurement (29cm) is greater that dates (26weeks), supporting fetal size greater that estimated gestational age. Visual disturbances are also noted by "needing to wear glasses". A diagnosis of PUPPS is documented and dandelion and Zyrtec is ordered. Urine test resulted trace protein, blood and ketones. Documentation of "No" pre-E sign/symptoms is made. Next visit is set for 09/22/16.
09/22/16	Thursday	10:58am	Office	DK and BH	9	EGA now 30 weeks 1 day, with a fundal height (FH) of 31cm. Fetal presentation is breech, there is a 5 pound weight gain, elevated maternal heart rate, urine ketones, continued visual disturbance "a little worse, thinks glasses prescription has changed", new onset of GI signs/symptoms of a little regurgitationand Fatigue. Next visit is set for 10/17/16.
10/17/16	Monday	12:15pm	Office	DK and BH	7	EGA is 33 weeks and 5 days. Weight gain of 3 pounds, continued elevated heart rate, complaints of new onset headaches, fatigue, occasion contractions and a vertex fetal presentation. Next visit is set for 11/10/16.
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Event(s)/Finding(s)	PT#1: reports trying to rest but contractions kept coming and progress with activity, getting painful, every 2 minutes. BH: asks how PT#1 is doing and if she needs support yet?	PT#1: reports she is OK for an hour or two, but wanting to be checked and see where she is. BH: Responds (7:39am) OK-I'm on my way now, takes about 75 min or so to get there. PT#1: agrees.	Home visit s/o patient reports uterine contractions for the past 12 hrs. started out every 10min, lasting 25sec, now every 2-4min lasting 45-50 sec, still able to walk and talk and is chatty between contractions. Cervical exam of 2cm, 70% and -2 fetal stations. DK reviewed pregnancy data with PT#1 noting LMP is uncertain, pregnancy dated by a 10-week ultrasound, with an ultrasound at 22 weeks that is consistent with 36-37 weeks gestation. DK discussed that at 36 weeks and 1 day, her baby is late preterm and may be ready to be born and breathe okay on its own, but also might need extra help and would have to transfer to the hospital if more support was needed than could be done at home. DK recommends transfer to hospital now, while laboring before baby is born as a safer option. Documentation reads "after consideration, PT#1 declines transfer at this time and would like to labor and birth at home, stating that she realized baby may have to go to the hospital after birth. GBS status is unknown and patient is laboring prior to 37 weeks, so prophylaxis is recommended and with pt. agreeable, Rocephin 1gm is given intramuscularly at 0900 a.m.	PT#1: reports taking a nap, just woke up (12:15pm), contraction have been a lot less intensebut hopeful they intensify so we can get this show on the road. BH: responds, OK, maybe have been just a strong practice round.	BH: asks PT#1 how are you doing? 6:28pm BH asks PT#1 if she wants her to stop in and check on her before she heads homeI'll probably just head your way and do that PT#1: reports being super tired, still stuck in that contractions every 2-3 minutes, 30 sections long. I'm just not progressing at all.	Home visit s/o patient complaints that after having a nap this afternoon uterine contractions spaced out, became irregular and mild like Braxton Hicks, stating she is disappointed. DK encouraged PT#1 that her baby would come when he is ready and that the extra time helps his lungs have time to develop. Fetal presentation is documented as ROT/right occiput transverse (previously ROA earlier today, after vertex follow a breech presentations). A home visit was scheduled for (1 week) next Thursday and
Page No.	103	103-104	17	104-105	106-107	7-8
Author			台	BH: asks Pt #1 how are you doing.		为
Location	Text msg	Text msg	Home	Text msg	Text msg	Ноте
Time	7:24am	7:36am	8:42am	10;39am and 12:15pm	3:29pm- 6: 28pm	7:05pm
Лау	Thursday	Thursday	Thursday	Thursday	Thursday	Thursday
Date	11/03/16	11/03/16	11/03/16	11/03/16	11/03/16	11/03/16

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Event(s)/Finding(s)	PT#1 was ordered to call with any questions or concerns or labor before then.	PT#1: reports that at 3 am the contractions started again, 5 minutes apart, lasting about a minute. She reports her water hasn't broken, and that she feels super frustrated. She acknowledges being in pain for almost 24hrs, asking if this happens to other people? She then reports feeling out of control and super overwhelmed. She states her biggest concern is how long this "practice contractions stage can last" asking if she could do this for a month and a half? PT#1 responses that she doesn't think anything is really changed and that "you would see PT#1 in a really negative mental place" (if you came to check on me). PT#1 reports it hitting her Achilles heel, being out of control and not knowing when or how long this is all going to last is becoming super emotional for me. BH: Reponses yes the start and stop of prodromal labor happens to lots of ladies, acknowledges its super frustrating and that every five minutes lasting a minutes, "sounds like progress though!" BH asks if "you need us to come check on you?" stating she doesn't think PT#1 would be doing this for a month and a half, but some have the on and off for several days to several weeks. BH recommends (and provides directions for) an Epsom salt bath and to relax. She further advises PT#1 to "let us know how you are after that, and that there is no control in this, let go and let it happen." PT#1: reports last night at 8pm, her mucus plug came out and since then consistent contractions, but "my water has not broken" and "I am just super tired and in a ton of pain". PT#1 reports bloody mucus, contractions five	minutes apart, lasting a minute. PT#1 is at a seminar, but reports that she doesn't know that she will stay the whole time (1-4p). PT#1 reports that she has been worried about baby's movement, and that last night she tested it by drinking ice water and being really still and he only checked it twice in about 2 hours. PT#1 agrees to text BH when she is home. BH: responds, how close are they now? Lasting how long? was your mucus plug bloody or just mucus and is baby moving. BH responds, "that's a great sign for progress, do you want someone to come check on you?" BH advises PT#1 to "let us know when you are home and want someone to come and asks again if baby is moving good? BH recommends kick counts after drinking something cold and sweet and that baby should move 10 times in 2hrs or less. She further recommends checking on baby with a Doppler and asks when PT#1 will be headed home? BH: acknowledges, sooner is better to make sure PT#1 and baby are both ok.	PT#1 reports contractions got too intense so she is on her way home. BH responds: "Ok, Ill see ya in a bit, 20min"
Page No.	7-8	107-110		117
Author	ΣK			
Location	Ноте	Text msg		Text mgs
Time	7:05pm	10:26am - 10:26am 10:54am		12:54- 1:19pm
Day	Thursday	Friday		Saturday
Date	11/03/16	11/04/16		11/05/16

Page Event(s)/Finding(s) No.	7-8 Home visit at 36 weeks and 3 days s/o patient complaints of decreased fetal movement in the last 24 hrs, and irregular but painful contractions. PT#1 states that she has been using the breast pump in the last 36 hrs. to encourage labor to pick up.	DK documents stable vital signs; no s/sx of distress and that PT#1 declines a vaginal exam. DK orders continued rest, nourishment, hydration and normal daily activity along with miles circuits and pelvic rocks to encourage better fetal positioning. DK requested that PT#1 abstain from pumping and allow her body and baby to set the pace.	Maternal and fetal assessment was incomplete with documentation lacking maternal weight, urinalysis and fundal height. Estimated fetal weight is 9 pounds. Fetal is noted as +. Next visit was set for "Thursday", 5 days away.	117-119 PT#1: reports feeling flu-ish, body achy and having a little bit of a fever, 100.5, and fine now, but did feel feverish on Thursday. PT#1: states is definitely not mastitis, as she had that so it must be a virus. BH: asks about her temp, how are your breasts, red tender lumps, advising that mastitis can feel like this or a virus. BH: asks about vitamin C to take and Tylenol for the temp, and needing sleep that would make her feel better.	night of not sleeping and dealing with 10+ hrs. of mild to moderate night of not sleeping and dealing with 10+ hrs. of mild to moderate contractions. I just don't know how much longer I can do this". "Do I have to option of calling uncle, since I don't have insurance, will the hospital even see me, since my water hasn't broken? PT#1 agrees for BH to come check and that she will send Pt#1's husband to go by Akins later. BH: offers to come check on you, your cervix, and baby? BH states the hospital will see you, but they won't keep you if you aren't in labor, and your water hasn't broken. BH recommends supplements to get some rest, black haw or cramp bark to ease contractions and for rest, plus valerian root. BH reports that she will go check on PT#1; be there around 9:30am.	Visit today, s/o complaints of not sleeping well for the past 4 nights due to frequent contractions, which PT#1 describes as mild to moderate and is tired and discouraged. PT#1 reports feeling achy and possibly having a virus with temp of 100.5 yesterday evening. EGA is 36 weeks 4 days. Mild edema, elevated maternal pulse, reports of passing a bloody mucus plug on Eriday, fatione, anxiety, discouraged feelings and exhaustion. Cervical exam
Author	DK and BH					五
Location	Ноте			Text msg	√ext msg	Home
Time	2:00pm			8:38pm	7;45am	9:44am
Day	Saturday			Saturday	Sunday	Sunday
Date	11/05/16			11/05/16	11/06/16	11/06/16

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
11/06/16	Sunday	9:44am	Ноте	DK	8	care to Ob/Gyn at her request if desired", but notes PT#1's decline at the time. DK sets follow up for a home visit on Thursday or sooner prn. She encourages Black haw bark to relax uterus so she can rest, and recommends valerian root for sleep.
11/06/16	Sunday	5:34pm	Text msg		121-123	PT#1: reports taking three doses of the "medicine and unfortunately it still hurting", contractions started getting worse about an hour ago. BH: asks if PT#1 toke an Epsom salt bath this evening and then the valerian to help sleep or the Tylenol pm? PT#1: reports just got done with the shower (event) and that she will take an Epson salt bath and the medicine BH brought over to help her sleep. BH: Asks, " so you haven't really had a chance to rest yet? PT#1: reports resting for about an hour after BH leftthen getting ready for the shower. BH: advises that PT#1 take a bath, then the black haw bark again to get some relief if you need it.
11/07/16	Monday	4:08am	Text msg		124-125	PT#1: reports waking up at 3am with contractions, a minute to two minutes apart, lasting 45 minutes, asking if that is okand mentions her water broke and "has fibers in it". BH asks, "like vernix and hair stuff? PT#1: responds yes, and the water is like the color of Pepsi. BH asks for a picture text, which PT#1 sends to her.
11/07/16	Monday	4:45am	Text msg		127-128	Pt#1's husband takes over texting and reports floating baby poop in the tub, asking if that is ok. BH: asks if the baby is moving, has the baby done a big flip in the last day or so.stating sometimes breech babies do that. Pt#1's husband reports no to both movement and a big flip flop and reports a big bubblegum pink mucus thing coming out, is that okay? BH inquires if it is mucus and is everything else okay? Pt#1's husband adds, "just a lot of brown". BH advises she is 45 min, away. Advising if there is that much poop, I wonder two things is baby doing ok and is baby breech. For either of those we need to go to the hospital so Pt#1's husband can you get a bag ready? Pt#1's husband reports a bag is ready and that PT#1 doesn't know if the baby is ok.
11/07/16	Monday	5:02am	Phone call		32-33	A call is made to Pt#1's husband, and then to Mercy OKC Ob triage nurse Holly with report that PT#1 is en route with ruptured membranes and lots of meconium.
11/07/16	Monday	5:50am	Mercy OKC	Dr. Bishop	247	DK arrives to hospital; MD is attempting to locate fetal heart tones with ultrasound. MD reports legs in the vagina, no fetal heart tones and orders emergency repeat cesarean.
11/07/16	Monday	6:19am	Mercy OKC		17	Infant is delivered via emergency cesarean, breech presentation with nuchal cord x 5. Newborn resuscitated and taken to NICU then transferred to OU medical center for head cooling. Infant passed away at midnight.

Patient #3

Dawn Karlin, APRN-CNM (DK) Lauren Scarbrough (LS) Barbara Pennell, RDMS (BP) Respondent: | Assistant: | Ultrasound: |

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
05/12/16	Thursday	10:12am	Office	DK and LS	367	EGA: 9 weeks, complains of brown spotting with some bright red spotting yesterday, back hip or pubic pain, fatigue, nausea, round ligament pain. BP 124/86. Urine: +blood, trace leukocytes. Next appointment June 9, 2016. Documentation one day late.
05/16/16	Monday		Ultrasound Unlimited	ВР	396, 414	EDG 6 weeks 4 days, EDC: 01/05/17. A viable intrauterine pregnancy is seen; A 2cm right ovarian cyst is also seen.
06/09/16	Thursday	10:13am	Office	DK and LS	367-368	EGA: 9 weeks, 3 days with a 6-pound weight gain, fundal height consistent with dates. Positive fetal heart rate. Trace protein. Patient complains of GI symptoms and diarrhea yesterday. Continues to complain of back hip and pubic pain. Seeing chiropractor and starting massage. Complains of nausea. Documentation one day late. Return appointment July 7, 2016.
07/06/16	Wednesday	11:49am	Office	DK and LS	368	EGA: 13 weeks, 6 days, incomplete blood pressure documentation. 3 pound weight gain, trace protein, complains of GI symptoms, nausea, and abnormal vaginal discharge that is greenish mucus but denies pain or itching and feels the discharge is normal. Back/hip/pubic pain continues seeing Dr. Duncan for chiropractic care. Patient complains of having some aching lower abdominal pain when waking. Feels better after urinating and being awake moving around. Trace leukocytes, next appointment August 4, 2016.
08/04/16	Thursday	11:32am	Office	DK and LS	368-369	EGA: 18 weeks. Patient complains of headache with a bad headache the other day, took Tylenol. Continues to complain of nausea with vomiting one day before lunch she feels like she let her blood pressure dropped too low, reflux. Back/hip/pubic pain continues S1 joint per chiropractor, yoga massage. Complains of fatigue. +1 leukocytes, next appointment September 8, 2016.
08/17/16			Ultrasound Unlimited	ВР	395, 416	2nd trimester U/S, 20 weeks, and 0 days, EDC: 01/05/17, dates were off with first U/S, appears to be a two-vessel cord in most views, minimal fetal renal dilatation though within normal range.
09/09/16	Friday	10:08am	Office	DK and LS	369	23 weeks, 1 day, 6-pound weight gain, trace proteinuria. Continues seeing Dr. Duncan for chiropractic care. Complains of a little tightening with round ligament pain during walking. Urine +1 leukocytes. Next appointment October 6, 2016.

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Event(s)/Finding(s)	EGA: 27 weeks. 10-pound weight gain and trace proteinuria continues. Continued complaints of headache, but goes away with hydration. Complains of constipation, taking probiotics, +back/hip/pubic pain continues, going to the chiropractor. Complains of fatigue. Next visit October 27, 2016.	EGA: 30 weeks. +proteinuria continues, complains pelvis was hurting after walking around downtown, saw chiropractor feels better today. Occasional contractions, trace leukocytes. Next visit November 10, 2016,	EGA: 32 weeks, mild edema, trace protein remains, 10-point increase in diastolic blood pressure. Complaints of fatigue, occasional contractions and carpal tunnel symptoms. Complains of edema in her feet and some tightening and mild pressure like contractions. Next visit November 23, 2016.	3rd Trimester US 32 weeks, 6 days, EDC: 1/5/17, AFI 21.8cm.	EGA: 33 weeks 6 days maternal pulse 119, tachycardia. Trace proteinuria continues, back/hip and pubic pain remains with fatigue. Occasional contractions feeling like Braxton Hicks last week nothing strong just feeling tightness, +3 ketones +2 leukocytes. Next visit December 5, 2016.	EGA: 36 weeks 4 days omitted weight, heart rate remains above 105 bpm, maternal diastolic pressure remains above 80 mmHg. Omitted urine assessment, back/hip/pelvic pain continues. Complaints of nausea. GBS culture today. Next visit December 15, 2016.	GBS Culture +	EGA: 37 weeks, diastolic blood pressure remains above 80, maternal heart rate now 110 and tachycardia, again urine is not assessed. Complaints continue with back/hip and pubic pain, seeing chiropractor. Patient complains of being nervous and scared for birth, complaints of nausea and occasional contractions. Patient also a little worried about changing movements but has been able to do counts for reassurance without difficulty. Next visit December 22, 2016.	EGA: 38 weeks. Patient complains of occasional chunks of mucus and of pain around sacrum and pubic synthesis but continues seeing chiropractor. Patient has been irritable with fatigue occasional contractions. Next visit December 29, 2016.	EGA: 39 weeks. Continued trace protein. Pelvic discomfort and achiness continues with nausea and occasional contractions, less frequent but stronger, +1 leukocytes. Next visit January 3, 2017
Page No.	369-370	370	370-371	394, 477	371	371-372	376	372	372-373	373
Author	DK and LS	DK and LS	DK and LS	ВР	DK and LS	DK and LS			DK and LS	DK and LS
Location	Office	Office	Office	Ultrasound Unlimited	Office	Office		Office	Office	Office
Time	3:09 pm	11:18am	4:32pm		1:47pm	2:15 pm		9:58am	10:22am	9:13am
Day	Thursday	Thursday	Thursday		Wednesday	Monday	Wednesday	Thursday	Thursday	Thursday
Date	10/06/16	10/27/16	11/10/16	11/16/16	11/23/16	12/05/16	12/07/16	12/15/16	12/22/16	12/29/16

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
01/03/17	Tuesday	10:01am	Office	DK and LS	373-374	EGA: 39 weeks, 5 days, diastolic blood pressure again above 80 mmHg, trace protein continues. Patient complains occasionally feeling on verge of a headache but goes away when she eats or drinks something back/hip/pubic pain remains, seeing chiropractor weekly, still with nausea. Occasional contractions, feet and finger edema noted, trace ketones. Next visit January 10, 2017.
01/10/17	Tuesday	10:10am	Office	DK and LS	374	EGA: 40 weeks, 5 days edema continues, cervical exam not done. Complains of loose stools. Complains of abnormal vaginal discharge, reddish brown mucous plug this morning about a quarter size. Practitioner reports fetus is vertex, nausea, occasional contractions and edema in the hands. Next visit January 16, 2017. Practitioner's documentation 6 days late.
01/16/17	Monday	1:10pm	Office	DK and LS	374-375	EGA: 41 weeks 4 days systolic blood pressure now elevated, cervical examclosed, 60% effaced/-2. Patient has chiropractic and acupuncture appointment tomorrow, is really emotional today about wanting labor to start, fatigue, occasional contractions, and +2 leukocytes. Practitioner's plan is to continue expectant management with recommendations for a biophysical profile in the next couple days, Foley bulb for labor is encouraged. Herbal/homeopathics for labor or transfer of care to hospital. At this time she elects to do Foley bulb and will consider herbals and homeopathics over the next couple of days, she will keep appointment for acupuncture and chiropractic care tomorrow if not in labor. Practitioner placed Foley bulb intracervically and advised patient to let her know when the bulb fails out. Next visit January 18, 2017.
01/16/17	Monday	6:30pm	Text msg	苔	375	Foley bulb is out so practitioner made plans to go to see Patient after clinic. 8:13 p.m.: CX: 5cm, 80%, -2, sweeped membranes, advised Patient #3 to call with 4-1-1 pattern or sooner.

Respondent's Exhibit "1"

Brandy R. Harris was a second control of the
10024 NW 141 St, Yokon, Oklalioma 73099 · (405) 326-4800 · DoulaBrandy@gmail.com

Education

MIDWIVES COLLEGE OF UTAII, Salt Lake City, ASM anticipated completion 2019

BIRTH ARTS INTERNATIONAL, Reidsville, NC, Midwife Assistant certification, 2014

OKLAHOMA STATE UNIVERSITY, OKlahoma City, Pre-Nursing curriculum completed in 2010 DOULAS OF NORTH AMERICA (DONA), Birth Doula Certification completed in 2007

Training & Certifications

· Healthcare Provider CPR (current)

Neonatal Resuscitation (current)

Birth Emergency Skills (B.E.S.T) Training 2013, 2018

Evidence Based Birth "Big Babies" Training 2013

HypnoBirthing-The Mongan Method. Certification., 2011-2018

Certified Lactation Counselor Training, 2015

Breastfeeding Educator Certification 2010, 2013

WIC Breastfeeding Symposium 2007,2009, 2013

DONA Birth Doula Training 2002

Work History

WILLOW BIRTH SERVICES, Owner, Oklahoma City, Oklahoma

April 2005-Present

Birth Doula, DONA Certified

Assists prognant women and partners in preparing for and carrying out preferences for birth.

Provides emotional support, physical conflor measures and an objective viewpoint.

Offers evidence based information that contributes informed decision making with partner and provider. Provides community resources for education and continued support in preparation for birth, postpartum, infant care and feeding.

Facilitates positive communication between birthing woman, partner and her care provider(s)

Midwife's Assistant, Birth Arts international & Apprentice Trained

March 2013-Present

Assists out of hospital Midwife w routine prenatal, postpartum & well woman care.

Assists out of hospital Midwife wewe & management during labor, birth and immediate postpartum.

Assists out of hospital Midwife in the routine care & management of newborn birth-6 weeks.

Can perform toutine newborn assessment

Can perform clinical tasks such as: Vitals, cervical examination, venipuncture, drawing and administration of medications.

Provides emotional and physical support of mother and partner.

Assists in set up, break down and cleaning of labor & birthing equipment and environment.

Assists in maternal & newborn emergency management.

Professional Affiliations

Member, Oklahoma Midwives Alliance, Midwives Society of Oklahoma, National Association of Certified Professional Midwives (NACPM), Doulas of North America, Doula Association of Central Oklahoma

